

Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1961

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.
MEDICAL OFFICER OF HEALTH

CARDIFF :
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HEALTH COMMITTEE.

(All Members of the County Council, plus three co-opted Members.)

Chairman : County Alderman Thomas Evans, J.P., M.R.S.H. (Pontardawe).

Sub-Committees.

Health Administration Sub-Committee. (15 Members.)

Chairman : County Alderman P. J. Smith, M.B.E., D.L., J.P., M.R.S.H.

Nursing Services Sub-Committee. (50 Members.)

Chairman : County Alderman Thomas Evans, J.P., M.R.S.H. (Pontardawe).

General Health Services Sub-Committee. (50 Members.)

Chairman : County Councillor Llewellyn Evans.

Special Health Services Sub-Committee. (50 Members.)

Chairman : County Alderman Mervyn W. Payne.

The Chairman and Vice-Chairman of the County Council and the Chairman and Vice-Chairman of the Health Committee are *ex-officio* members of all Sub-Committees.

Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my report for 1961 on the services for which the Health Committee is responsible, in particular those under Part III of the National Health Service Act, 1946, and more recently the Mental Health Act, 1959.

Included also is the report of the Principal School Dental Officer, Mr. H. P. R. Williams, on the dental services provided for mothers and young children.

The estimated population was 743,870, as compared with 747,490 in the previous year. The other main statistical figures supplied by the Registrar-General show that the birth rate increased from 16·65 to 17·03 per 1,000 population, compared with 17·4 for England and Wales. The highest birth rates in the County were in Glyncorrwg Urban District, 21·15, and Penybont Rural District, 19·98, while the Rhondda Borough showed an increase from 14·65 to 15·86.

Illegitimacy in Glamorgan, while not such a serious problem as in other parts of the country, is a cause for some concern particularly as teenage girls are often involved. Thirty-two per 1,000 births occur in unmarried mothers in Glamorgan, whereas the figure for England and Wales was 59.

For many years the high infant mortality in the County has caused anxiety and numerous enquiries have been made into the cause without ascertaining any particular reason for the much higher rate than elsewhere. In 1961 the drop in the number of deaths in infants under one year of age resulted in a great improvement in the figures, which fell from 29 to 23 per 1,000 births, almost to the national figure of 22.

Improved ante-natal care resulting from closer co-operation between the three branches of the National Health Service have, no doubt, contributed to this marked reduction but one of the principal factors is the improved standard of mothercraft, the teaching of which by health visitors has contributed to much during the past 50 years. Many who attended clinics during this period are now grandmothers and pass on their knowledge to their daughters. The standard of maternal care today is high, except among the few problem families, which present the health visitors, the children's visitors, and other social workers with so many difficulties. Regular bi-monthly meetings of the Co-ordination Committees have been held to consider how best to deal with this hard core.

The maternity and child welfare clinics have had a busy year, the number of attendances at the infant welfare clinics increasing from 193,860 to 206,131 and, although the number of attendances at ante-natal clinics declined, the number of expectant mothers who attended increased by 268 to 10,911.

Comments on the Nursing Services are to be found in the body of the report, but attention must again be drawn to the shortage of midwives, which will become even more acute as the years pass due to the retirement of the present staff, fifty of whom are due to retire in the next ten years. Miss Bronwen Davies, the Non-Medical Supervisor of Midwives, who retired soon after the end of the year, by her constant endeavours to secure staff, aided by the support of those in the Service, did much to maintain the high standard of midwifery set by her predecessor and she richly deserves the many tributes which have been paid to her.

The onus of caring for the chronic sick and elderly falls to a large extent on the home nurses and home helps and they make a considerable contribution to the co-ordinated effort now being made by the Authority and general practitioners to treat at home as many patients as possible. Almost 80 per cent of those assisted by home helps are in the aged and chronic sick category, an increase of 286 over the previous year. Even so, the amount of time allocated to each household was often grossly inadequate to meet the need, and an increase of the home help establishment will have to be considered.

There were no major epidemics during the year and the immunisation campaign against poliomyelitis, during which 209,179 persons in the priority groups received three injections, is a major success against a very crippling disease. The work involved has been considerable, both clinical and clerical, and the staff can be justly proud of this achievement. Only sixteen cases of poliomyelitis were notified during the year.

The need for constant vigilance in maintaining a high standard of immunity against diphtheria was emphasised by an outbreak of diphtheria in the Neath area, where seven cases, with one death, occurred. The Divisional Medical Officer, Dr. H. R. Stubbins, arranged for the swabbing of all school children in the area and, assisted by the school nurses, almost 100 per cent immunisation was achieved. A check on schools in adjoining divisions did not reveal any carriers of the disease and the outbreak was confined to the Neath area.

The incidence of pulmonary tuberculosis continues to decline. The number of deaths due to this cause was one-sixth of what it was in 1940 and notifications dropped last year from 415 to 356. The marked improvement has been brought about by improved methods of treatment and active preventive measures, including B.C.G. vaccination, which is now offered to all negative reactors to the Mantoux Test among school leavers.

An investigation into tuberculosis infectivity in the community was carried out by Dr. C. J. Revington in the Caerphilly and Gelligaer Division and his findings are included in the report.

The demand on the ambulances has remained as high as ever. It is only by constant reminders to hospital staffs and general practitioners that transport should only be recommended for those who cannot travel by other means that the area ambulance superintendents are able to meet the requests for conveyance.

The County Ambulance Officer, Mr. D. I. Morris, has maintained close liaison with the hospitals and his efforts have largely contributed to the smooth running of the Service. Additional commitments in the conveyance of patients to day hospitals now being set up, and longer journeys in some instances to the base hospitals in the hospital development plan will require some increase in the number of operational vehicles and additional ambulance staff will not only be required to man them, but also to cover any further reduction in the working week which, since 28th December, 1960, has been 42 hours.

Further consolidation of the arrangements in the Mental Health Service was achieved during the year and here I must pay tribute to my Deputy, who has accepted responsibility for much of the organisation since the introduction of the Mental Health Act, 1959.

The co-operation of the Committee in implementing recommendations for the building of occupation centres has placed the Authority well to the fore with regard to this provision and, with the completion of new centres at Aberkenfig and Penllergaer, the need in the County for places will be met for the immediate future. Dr. Bevan has given much time and thought to this programme and has played a major part in laying the foundation of a comprehensive community care service for the mentally ill. He will shortly leave Glamorgan to take up a new appointment. He has the good wishes of all his colleagues and will be greatly missed.

Further comment in this preamble would be, in the main, a reiteration of what is in the report itself. Mention must be made, however, of the negotiations which took place towards the end of the year in preparation for the drawing up of a scheme for the delegation of health and welfare functions to the Rhondda Borough Council who, on the appointed day, became responsible for the administration of all the Part III Health Services, with the exception of the Ambulance Service.

My thanks are due to the staff of not only my own Department, in which I, of course, include the Divisions, but also my colleagues in other Departments and, in particular, I wish to acknowledge the help and encouragement received during the year from the Chairman, County Alderman Thomas Evans, and members of the Health Committee.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

September, 1962.

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NATIONAL HEALTH SERVICE ACT, 1946.

DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (Section 27) and the Mental Health Service (Section 51) is delegated to nine Health Divisions under the immediate control of the undermentioned Divisional Medical Officers :—

<i>Health Division.</i>	<i>Divisional Medical Officer.</i>	<i>Address.</i>	<i>Telephone No.</i>
Aberdare and Mountain Ash	J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Rock Grounds, Aberdare	Aberdare 2497/8.
Caerphilly and Gelli-gaer	C. J. Revington, B.Sc., M.B., B.Ch., D.P.H.	County Council Offices, Caer- philly Road, Ystrad Mynach	Hengoed 3171.
Mid-Glamorgan ..	Kathleen Davies, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H.	County Council Offices, Quarella Road, Bridgend	Bridgend 2515.
Neath and District ..	H. R. Stubbins, M.D., D.P.H. ..	Divisional Health Office, Dyfed Road, Neath	Neath 2481/2.
Pontypridd and Llan- trisant	D. W. Foster, B.Sc., M.B., B.Ch., D.P.H.	County Council Offices, Court- house Street, Pontypridd	Pontypridd 2646/7 and 2275.
Port Talbot and Glyn- corrwg	D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, Park House, Theodore Road, Port Talbot	Port Talbot 2137.
South-East Glamorgan	D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H.	Divisional Health Office, County Council Offices, Greyfriars Road, Cardiff	Cardiff 28033.
West Glamorgan ..	G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H.	Divisional Health Office, 5, St. James' Crescent, Swansea	Swansea 57894/5.
Rhondda	R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H.	Divisional Health Office, 4, Llewellyn Street, Pentre Rhondda	Pentre 3008/9.

In the interests of efficiency, minor administrative adjustments as follows have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division :—

<i>Area affected.</i>	<i>Division in which situate.</i>	<i>Service concerned.</i>	<i>Division to which responsibility transferred.</i>
Pembroke Street, Thomastown	South-East Glamorgan ..	All purposes ..	Pontypridd and Llantrisant.
Scotch Row, Gylfach Goch	Rhondda	do. ..	do.
Ynysmaerdy	South-East Glamorgan ..	Home Nursing and Midwifery	do.
Edmundstown	Rhondda	Midwifery ..	do.
Penrhiwfer	Pontypridd and Llantrisant	do. ..	Rhondda.
St. Mary Hill	Mid-Glamorgan	Home Nursing	South-East Glamorgan.

SECTION 21—HEALTH CENTRES.

The Health Sites and Premises Sub-Committee periodically review the Authority's site requirements and the progress during the year in new clinics and occupation centre building, is mentioned elsewhere in this report.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

New Clinics.

(i) The construction of the new clinic at Bryncwils, Sarn, in the Mid-Glamorgan Health Division, was completed during the year and the clinic commenced to operate on 1st September, 1961.

(ii) (a) *Maternity and Child Welfare Clinic, Ash Square, Rhydyfelin.*

This new clinic was officially opened on 8th May by County Councillor A. W. Harris. County Alderman Thomas Evans, J.P., M.R.S.H., the Chairman of the Health Committee, presided at the opening ceremony.

(b) *Nelson Maternity and Child Welfare Clinic and Ambulance Station.*

These premises were officially opened on 5th September, 1961, by County Councillor David Blatchford. County Alderman Thomas Evans, J.P., M.R.S.H., Chairman of the Health Committee, presided.

Alteration of Clinic Sessions.

Owing to local circumstances usually associated with attendances, variations, as shown in the following list were made in the arrangements for holding clinic sessions :—

Health Division.	Area served.	Location of clinic premises.	Type and frequency of sessions now held.		Remarks.
Aberdare and Mountain Ash	Aberaman..	Y.M.C.A., Aberaman ..	Infant Welfare	Tuesday afternoons. Fortnightly	New clinic.
			Ante-natal ..	Tuesday afternoons. Fortnightly	
	Penywaun	Welfare Hall, Penywaun	Infant Welfare	Tuesday afternoons. Fortnightly	Previously held at the Penywaun Apostolic Church, Gamblyn Terrace, Penywaun.
			Ante-natal ..	Tuesday afternoons. Fortnightly	
Aberphilly and Gelligaer Mid-Glamorgan	Fochriw ..	Welfare Hall, Fochriw ..	Post-natal ..	Thursday afternoons once every four weeks	New session.
	Newton ..	Hope Congregational Church, Newton, Porthcawl	Infant Welfare	Wednesday afternoons. Fortnightly	Previously held weekly.
	Bryncwils, Brynmenin	County Council Clinic, Bryncwils, Brynmenin	Infant Welfare	Friday afternoons. Fortnightly	Previously held at Memorial Hall, Bryncethin.
			Ante-natal ..	Friday afternoons. Fortnightly	
Cardiff and District	Cimla ..	Welfare Hall, Cimla ..	Infant Welfare	Monday afternoons. Fortnightly	New clinic.
			Ante-natal ..	Monday afternoons. Fortnightly	
	Longford ..	County Council Clinic, Longford	Infant Welfare	Monday mornings. Fortnightly	New clinic.
			Ante-natal ..	Monday afternoons. Fortnightly	
Pontypridd and Llantrisant Port Talbot and Glyncothwy	Hawthorn..	Bethel Baptist Chapel, Hawthorn	Infant Welfare	—	Clinic closed.
	Sandfields	Dew Road, Sandfields ..	Birth Control	Second Tuesday morning in the month	New session.

The following tables give statistical details of the services provided for the care of mothers and young persons during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.	
BIRTHS.													
No. of births notified	{	(a) Live births	{ Domiciliary Institutional	393 575	772 585	814 1,202	438 639	450 780	400 739	711 1,653	246 768	796 810	5,020 7,751
		(b) Still-births	{ Domiciliary Institutional	3 15	8 25	4 41	1 20	5 19	4 22	7 40	6 25	12 26	50 233
ANTE-NATAL AND POST-NATAL CLINICS.													
(a) No. of clinics provided at the end of the year	{	Ante-natal clinics Post-natal clinics	10 —	14 3	19 —	6 —	7 —	12 —	9 —	6 —	7 7	90 10	
(b) No. of sessions held per month at clinics included in (a)	{	Ante-natal clinics	26	33	42	28	33	50	28	24	40	304	
		M.O. ..	—	—	—	—	—	—	—	—	—	—	
		Midwives .. Post-natal clinics	— —	3 3	— —	— —	— —	— —	— —	— —	7 7	10 10	
(c) No. of women who attend- ed during the year	{	Ante-natal clinics Post-natal clinics*	1,085 281	1,552 360	984 61	1,346 310	822 71	1,520 95	1,606 —	643 135	1,353 183	10,911 1,496	
(d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> previ- ously attended any clinic during current preg- nancy and for P.N. clinics women who had <i>not</i> previ- ously attended any P.N. clinic after last confine- ment	{	Ante-natal clinics	843	1,214	789	992	653	1,092	1,155	557	1,015	8,310	
		Post-natal clinics*	271	288	53	310	69	84	—	131	183	1,389	
		Ante-natal clinics M.O. .. Midwives .. Post-natal clinics*	4,391 — — 281	6,634 — — 483	3,483 — — 63	5,952 — — 382	4,422 — — 80	6,167 — — 96	4,143 — — —	3,347 — — 140	7,672 — — 183	46,211 — — 1,708	
* Women post-natally examined at ante-natal clinics are included.													
INFANT WELFARE CENTRES.													
(a) No. of centres provided	..	..	10	22	30	13	14	16	50	20	8	183
(b) No. of sessions held per month at centres in (a)			36	57	98	38	51	58	112	52	40	542	
(c) No. of children who attended centres for the first time during the year who were under 1 year of age	..	..	997	1,223	1,803	1,081	1,176	1,118	1,980	952	1,434	11,764
(d) No. of children who attended during the year who were born in	{	1961	925	1,098	1,637	959	1,104	1,003	2,072	840	1,204	10,842	
		1960	1,043	977	1,473	971	1,005	1,074	1,810	893	1,034	10,280	
		1956-1959	1,505	1,060	1,986	1,142	1,431	1,249	1,915	543	756	11,587	
(e) Total No. of children who attended the centres during the year	..	..	3,473	3,135	5,096	3,072	3,540	3,326	5,797	2,276	2,994	32,709
(f) No. of attendances during the year made by children who at the date of the first attendance were	{	Under 1 year ..	12,172	15,098	24,922	13,490	14,861	14,587	23,891	12,146	11,464	142,631	
		1 year but under 2 years	3,070	3,523	6,235	3,028	3,863	3,038	5,837	2,239	1,474	32,307	
		2 years but under 5 years	3,134	3,001	6,700	3,123	3,693	3,113	5,756	1,754	919	31,193	
(g) Total No. of attendances made during the year			18,376	21,622	37,857	19,641	22,417	20,738	35,484	16,139	13,857	206,131	

EXPECTANT AND NURSING MOTHERS.

On 31st December, 1961, clinic facilities for expectant mothers were available at ninety centres, forty-six of these being County Council owned premises. The number of ante-natal clinic sessions held monthly showed an increase from 300 to 304.

Ante-natal clinic attendances of 46,211 showed a decrease of 757 compared with last year's figures.

The total number of women who attended County Council ante-natal clinics during the year was 10,911, an increase of 268 compared with 1960.

The number of new cases attending ante-natal clinics, i.e. women who had not attended any clinic during current pregnancy was 8,310, a reduction of five compared with 1960.

The divisions showing an increase in the number of cases were Aberdare and Mountain Ash, South-East Glamorgan, and West Glamorgan. The highest increase, 120, was recorded in the Aberdare and Mountain Ash Health Division.

There is an indication that more general practitioners are holding ante-natal clinics in their own surgeries. This would probably account for the fall recorded by some divisions in the number of expectant mothers in attendance at County Council ante-natal clinics.

In Glamorgan 6,651 women were confined in hospitals in 1961. This represents 56.8 per cent of all confinements. 5,050 women had their babies at home.

The work done at our maternity and child welfare clinics is of a high standard and a personal interest is taken in those who attend. In the ante-natal clinics the patient's urine and blood pressure are systematically checked and blood samples collected for laboratory analysis for haemoglobin estimation, blood grouping, Rh. factor, etc.

Ante-natal classes are held in an informal and friendly manner ; general advice is given on diet, hygiene, and any problems which may be disturbing the patient's peace of mind.

Toxaemia in Pregnancy.

Professional committees representative of local authority, general practitioners, hospitals and midwives, have been set up in the Rhymney and Sirhowy Valley Hospital Group and in the Cardiff United Hospitals Group.

The Department is represented on these committees whose functions are to consider the Cranbrook Report in detail with a view to effecting closer co-operation between the three services. The establishment of similar committees in other parts of the County would be welcome as I think they could be developed to good purpose and are essential in improving procedures for the early recognition and treatment of toxaemia.

POST-NATAL CLINICS.

The total number of mothers who attended the Authority's clinics for post-natal examination in 1961 was 1,496, an increase of 144 compared with the figures for 1960. Only Caerphilly and Gelligaer and the Rhondda Health Divisions held special post-natal clinics. In the remaining divisions, post-natal examinations are usually held at ante-natal clinics. No post-natal examinations were recorded in the South-East Glamorgan Division.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate for the County in 1961 was 32·0 per thousand births. The rate for England and Wales was 59. The actual number of illegitimate births in Glamorgan was 401. Forty-four unmarried mothers were admitted for confinement to hostels under the County Council scheme. The Salvation Army hostels at Cardiff and Bristol, the Cwmdonkin Shelter, Swansea, and the Llandaff Diocesan Church Home, Penarth, all give timely help to the unmarried mothers referred to them and I am indebted to these bodies for their readiness to co-operate, often at very short notice, in finding vacant places for the cases brought to their notice.

Most of the pregnant girls who seek help are youngsters, teenagers or in the early twenties, although occasionally married women with an illegitimate pregnancy are found accommodation when the circumstances justify their acceptance. Applications for admission are sometimes withdrawn due to the reconciliation with the family and the health visitors do what they can in all cases to prevent disharmony between the girl and her parents.

ANTE-NATAL CLASSES.

Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, has made the following report :—

"It is pleasing to note how the numbers of expectant mothers attending ante-natal classes are steadily growing year by year. This is particularly gratifying in view of the fact that mothers have a completely free choice whether or not they attend and we are not able to exert the slightest pressure upon them with regard to this, nor would we wish to do so.

It is also of interest to note that ante-natal classes have been very successful in some areas where general practitioners undertake all the clinical ante-natal care of their own patients.

As in former years, many of the mothers who attend start the classes much later than we would desire them to do and it would be a good thing for them to have the benefit of the discussions and relaxation exercises at an earlier stage. This is mainly due to expectant mothers working to a later stage in pregnancy than was formerly the case. The health visitors are quite willing to run evening sessions, but there seems little demand for these. It is doubtful whether evening sessions are as beneficial as those held in the afternoons, as expectant mothers must be more tired after working all day at gainful employment, which leaves scant time for routine rest and relaxation.

They are often quite eager to attend the classes and take a very lively interest in the subjects under discussion and co-operate fully after they have ceased to go out to work.

It is mainly the expectant mothers with first babies who attend, but any with second or subsequent pregnancies are also welcomed should they wish to do so.

It seems now that ante-natal classes have become an integral part of ante-natal care and thanks are due to the health visitors who have worked so hard to get them established and also to the ante-natal clinic medical officers and midwives for their loyal support and participation in this sphere".

The following tables give statistics of (a) 1961 ante-natal classes, and (b) the growth of the ante-natal classes from 1956, which is the first year for which actual figures are obtainable, although classes were held as far back as 1951 :—

TABLE I.

1961	Number of courses arranged.	Number of mothers attended.	Number of attendances.	Evening Parentcraft Sessions	Number who attended.	Centres at which follow-up lectures are given.
Aberdare and Mountain Ash	36	310	1,276	—	—	—
Caerphilly and Gelligaer ..	22	134	604	—	—	—
Mid-Glamorgan ..	26	203	802	—	—	—
Neath	32	270	1,229	—	—	—
Pontypridd and Llantrisant ..	31	237	1,228	1	10	—
Port Talbot and Glyncorrwg ..	29	243	1,073	—	—	—
South-East Glamorgan ..	33	352	2,135	13	121	—
West Glamorgan	22	117	739	—	—	2
Rhondda.. ..	41	322	1,133	1	10	—
Totals	272	2,188	10,219	15	141	2

TABLE II.

			Number of courses arranged	Number of mothers attended	Number of attendances	Evening Parentcraft Sessions	Number who attended
1956			61	485	2,162	—	—
1957			69	474	2,488	—	—
1958			90	767	3,487	—	—
1959			178	1,546	7,013	5	105
1960			245	1,752	8,240	13	167
1961			272	2,188	10,219	15	141

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 183 centres in use as infant welfare clinics, the majority being staffed by whole-time medical officers and health visitors occasionally supplemented by other nursing help.

By the end of 1961 the number of sessions per month had shown a further increase from 540 in 1960 to 542. In some clinics qualified nurses not holding a health visitor's certificate assist. There are a few clinics where by a long-standing arrangement, a local practitioner attends on a sessional basis.

The total attendances increased from 193,840 in 1960 to 206,131, the actual number of children who attended the various centres increased from 29,716 to 32,709.

Most of the attendances are made during the infant's first year of life. Again last year the total figures for the County showed an increase in the three groups in which children under five years of age are recorded. Some of the improved figures may be due to the children's attendance for vaccination or immunisation, which in many clinics is done during routine infant welfare sessions where the clinic doctor and the health visitor are available to advise the parent on any problems she may have in regard to the care of her child.

The examination of boarded out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. On this and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments. Meetings of officers called by the Children's Officer as co-ordinating officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both departments.

"The Laurels" Nursery at Neath is under the general medical supervision of Dr. H. R. Stubbins, the Divisional Medical Officer, and the services of my department are also given in the special medical examination of boys and girls at remand homes, the Glamorgan Farm School, and the various Children's Homes, including the nursery established at "Cartrefle", Bridgend.

SPECIAL INVESTIGATIONS.

Survey of Childhood Malignancies.

The Department of Social Medicine at Oxford University is engaged on a nation-wide survey of childhood malignancies. The main purpose of the survey is to ascertain whether the trend of leukaemia mortality is a reflection of the mortality from anaemia, or whether it is due to some other feature.

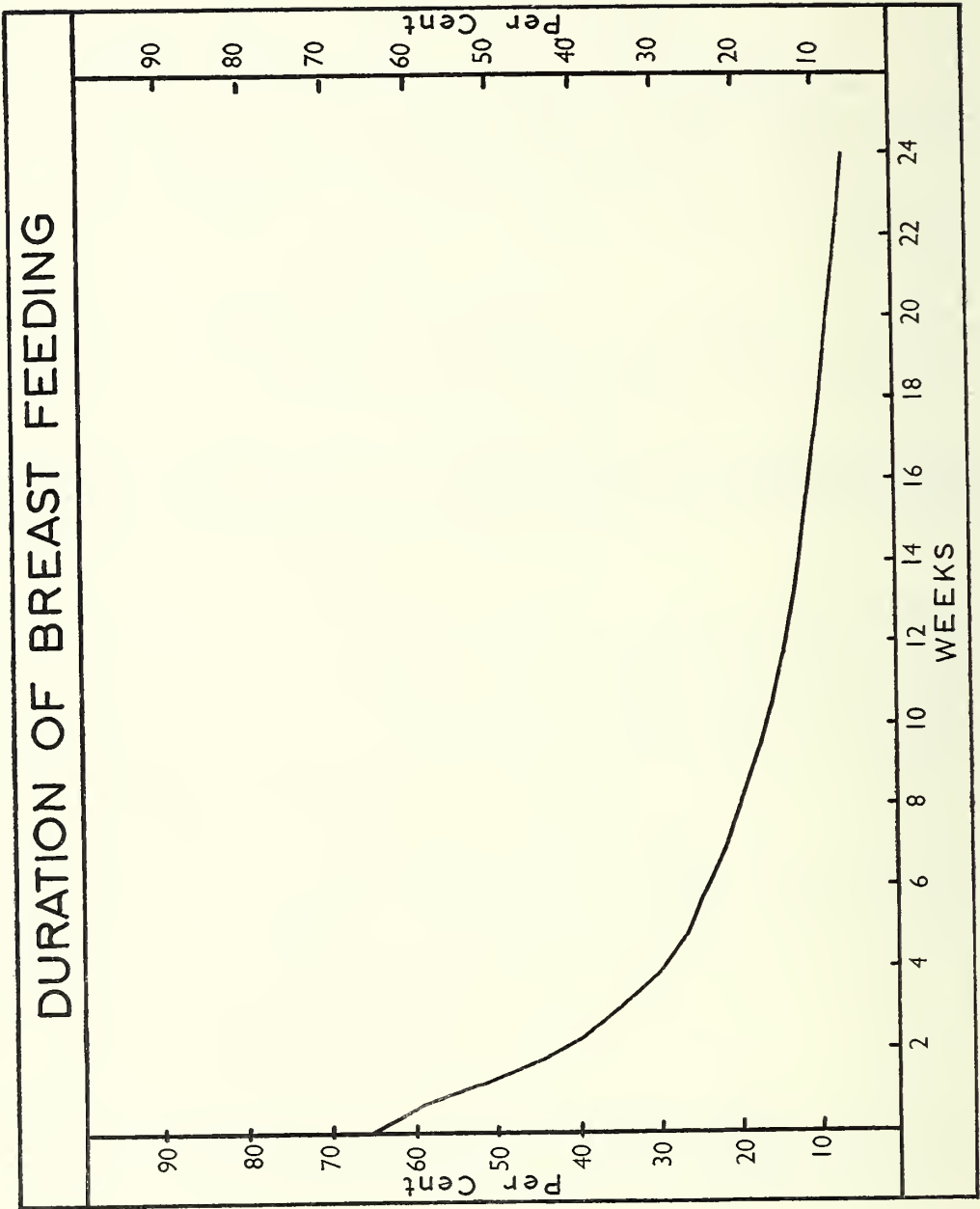
My department is collaborating in this work and the Divisional Medical Officers have personally undertaken most of the interviews, enquiries and detailed form-filling which this survey requires. By the end of the year all the forms had been returned to Oxford and subsequently a letter of appreciation was received for the assistance given.

A BREAST-FEEDING SURVEY.

Our customs of living would seem to be always changing. There is always the danger, however, that we rely on our impressions without attempting any statistical proof. It is said that the breast-feeding habits of young mothers is an example of the changing habits. It may well be that there are differences in behaviour patterns in different parts of the country. It is as well, therefore, to analyse the position from time to time. It was thought that it would be of interest to record the incidence of breast feeding for all children born in Glamorgan in 1959 and a survey for the purpose of obtaining detailed information was undertaken during 1959-60. A questionnaire was completed by health visitors for each child born in the survey year. The information obtained was coded in my department and, by courtesy of the County Treasurer, tabulated in the machine section of his department. The results were analysed by Dr. R. T. Bevan, who has furnished the following comments :—

The total number of births in the Administrative County of Glamorgan in 1959 was 12,085. This analysis is in respect of 11,086 children. Three-hundred-and-forty-one children who died during the first year of life, illegitimate children (243), and children who moved outside the County during the year were excluded. The detailed follow-up was carried out by the health visitors.

The overall findings are shown in the following graph. It will be noted that 67 per cent of children were breast fed for at least some period. By the end of two weeks 44·9 per cent were being breast fed, but the percentage had fallen to 15·7 per cent by the age of twelve weeks and to 7·0 per cent after twenty-four weeks.



It has been suggested that there is a sharp and sudden fall in breast feeding at about two weeks when the mother leaves hospital or begins to resume her housework. This survey does show a fall in breast feeding about this time, but it is not so marked as some would suppose.

TABLE I.—GEOGRAPHICAL VARIATION.

Division.	% Nil Breast feeding.	% Breast feeding after 2 weeks.	% Breast feeding after 4 weeks.	% Breast feeding after 12 weeks.	% Breast feeding after 24 weeks.
Aberdare (999)	25·8	49·4	30·7	14·9	6·2
Caerphilly (1,104)	42·6	35·6	24·3	11·5	5·2
Mid-Glamorgan (1,780)	38·7	43·1	31·2	15·2	6·9
Neath (940)	26·4	41·0	22·4	11·9	5·4
Pontypridd (990)	32·7	45·1	34·4	16·8	7·9
Port Talbot (1,074)	30·6	36·4	21·5	10·0	3·9
South-East Glamorgan .. (1,899)	17·9	66·4	50·4	26·1	12·5
West Glamorgan (861)	49·5	30·7	23·0	11·6	5·1
Rhondda (1,439)	39·6	39·7	29·0	14·4	6·4
Total 11,086	33·0	44·9	31·4	15·7	7·0

Even within the County of Glamorgan there is evidence of a different pattern of breast feeding in different areas. Table I indicates that breast feeding is practised more commonly in the South-East Divisional area and tends to continue for a longer period than in the County as a whole. There would seem to be a number of possible explanations—the social class structure of the area (higher proportion of families in Social Classes I and II), the employment of married women being rather less common, or the maternity hospitals and paediatricians in the area tend to press breast feeding rather more than those in other areas.

Domiciliary and Institutional Births.

The friendly rivals of hospitals and domiciliary services have each claimed superiority in breast feeding records and it was the intention to compare the statistics having regard to the place of birth, and Table II shows the findings :—

TABLE II.—DOMICILIARY AND INSTITUTIONAL BIRTHS.

Place of birth.	% Nil breast feeding.	% after 2 weeks.	% after 4 weeks.	% after 12 weeks.	% after 24 weeks.
Home (4,546)	47·3	35·8	25·4	13·0	6·1
Hospital (6,317)	22·7	51·1	33·5	17·3	7·4
Nursing Home (233)	31·4	57·4	47·1	26·9	14·3

It will be noted that children born in hospitals are most frequently breast fed, but breast feeding is usually of longer duration if the baby is born in a nursing home. The groups are, however, not strictly comparable. Hospital births include a higher percentage of first births and nursing homes include a higher proportion of mothers from Social Class I and II and, as will be seen later, both these factors influence breast feeding habits.

TABLE III.—SOCIAL CLASS AND BREAST FEEDING.

Social class.						% Nil.	% after 2 weeks.	% after 4 weeks.	% after 12 weeks.	% after 24 weeks.
I	..	..	..	..	(350)	26.0	58.0	45.7	31.7	14.6
II	..	..	..	..	(997)	28.0	46.1	34.9	26.8	13.7
III	..	..	..	..	(6,519)	32.6	44.8	31.5	15.5	7.0
IV	..	..	..	..	(2,165)	35.2	41.1	26.1	10.2	3.6
V	..	..	..	..	(754)	34.0	42.9	27.0	12.6	5.4
Unknown	..	..	..	..	(301)	—	—	—	—	—

Not only do more mothers in Social Class I and II breast feed their babies but, when they do so, they also tend to breast feed for a longer period.

TABLE IV.—SIZE OF FAMILY AND BREAST FEEDING.

Pregnancy.						Nil.	% after 2 weeks.	% after 4 weeks.	% after 12 weeks.	% after 24 weeks.
1st	..	..	..	..	(4,090)	24.5	50.6	35.6	16.3	7.1
2nd	..	..	..	..	(3,280)	36.9	43.2	30.1	16.1	7.4
3rd	..	..	..	..	(1,829)	37.7	41.4	29.7	15.4	7.0
4th and 5th	..	..	..	..	(1,348)	38.8	39.9	27.7	13.6	5.9
6th and subsequent	..	..	..	..	(539)	43.0	34.5	23.6	11.9	6.7

More first babies are breast fed than those born subsequently. It has been suggested that this is due to the fact that generally a mother finds greater domestic difficulties in breast feeding when she has the responsibility of looking after other young children in the household.

Table V shows the relationship between social class, number of children, and breast feeding. In general it will be noted that breast feeding is commonest in the first children of families and in the higher social classes and least common in later members of families of the lower social classes.

Reasons for Not Breast Feeding.

Each woman was asked to give her reason for not breast feeding or ceasing to breast feed. It is realised that the true reason might not always be revealed but health visitors, in enquiring, endeavoured to obtain as accurate a picture as possible.

Of particular interest is the group of mothers who did not breast feed—this group was a third of the total. Table VI shows the results obtained.

TABLE VI.—“NIL” BREAST FEEDING.

Social class.	I (350)	II (997)	III (6,519)	IV (2,165)	V (754)	Unknown (301)	Total (11,086)
% Nil Breast feeding :	26%	28%	32.6%	35.2%	34%	49.5%	33%
Did not want to ..	15.1	16.0	17.4	17.5	19.5	19.9	17.4
Ill-health mother ..	3.2	4.3	6.2	7.0	6.9	9.0	6.2
Breast complications ..	1.7	2.4	2.8	2.6	1.3	2.0	2.6
Inadequate milk ..	0.4	1.1	1.2	2.2	1.2	1.0	1.3
Ill-health baby ..	1.5	1.7	2.0	2.8	2.7	2.0	2.1
Domestic difficulties ..	1.7	1.1	1.0	1.0	0.6	2.0	1.0
Other	2.3	1.3	2.0	2.2	1.8	13.6	2.3

It will be noted that 17.4 per cent of mothers stated that they did not want to breast feed their babies—there is a slightly greater tendency for this reason to be given in the lower social classes. Ill health of the mother appears to be a commoner cause for not breast feeding in the lower social classes, but it would seem, perhaps surprisingly, that Social Class I mothers give domestic difficulties more commonly as a reason for not breast feeding. Approximately half the mothers who did not breast feed appeared to have no reason other than the mother's wish not to do so.

The “other reasons” include “baby to be adopted”, “mother working”. It is to be expected that the social class “unknown” group will contain a proportion of mothers separated from their husbands and this accounts for the high incidence of “other reasons” in the group.

Analysis was also made of the reasons why breast feeding was discontinued before the end of twelve weeks.

REASONS GIVEN FOR BREAST FEEDING LESS THAN TWELVE WEEKS.

Social class.	I	II	III	IV	V	Unknown.	Total.
Did not want to ..	19.6	15.5	20.0	19.2	25.2	27.5	20.0
Ill-health mother ..	6.1	7.0	7.4	7.9	6.0	8.0	7.4
Breast complications ..	12.9	14.0	11.0	10.0	8.4	8.0	10.8
Inadequate milk ..	56.4	52.4	49.7	48.9	47.4	46.4	49.7
Ill-health baby ..	4.3	8.2	7.9	8.4	8.2	4.3	7.9
Domestic difficulties ..	—	1.7	2.0	2.9	3.1	1.4	2.2
Other	0.6	1.3	1.9	2.6	1.7	4.3	2.0
	99.9	100.1	99.9	99.9	100.0	99.9	100.0

The commonest reason given for discontinuing breast feeding was an inadequate supply of milk, but 20 per cent simply stated that they did not wish to continue breast feeding. There would seem to be no obvious significant variation according to social class.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are eight child-minding establishments and nine child-minders registered under the Act. Routine visits of inspection were paid during the year.

PREVENTION OF PREMATURITY AND THE CARE OF PREMATURE INFANTS.

(a) A report of the Sub-Committee of the Central Health Services Council on the prevention of prematurity and the care of premature infants was received in April. The report contains guidance on the general principles of care and, in particular, to those sections relating to domiciliary care, the transport of premature infants and after-care, for which the local health authorities have a special responsibility.

The report stresses the need for local health authorities and hospital authorities to work closely together and for the Medical Officer of Health to be in consultation with the obstetricians, paediatricians, and general practitioners.

The circular is being discussed by the Maternity Liaison Committees of the various Hospital Management Committees.

The Ministry's circular clearly established the obligation of the County Council to provide incubators for use in ambulances in which premature infants are conveyed to hospital.

(b) Of the 888 premature live births notified—a decrease of 46 on the figure for 1960—213 were born at home, compared with 230 in 1960.

It should be noted that excluding premature babies 3 lb. 4 oz. or less, 142 out of 153 of those born and nursed at home survived the first twenty-eight days.

The number of premature still-births dropped to 147 as compared with 184 in 1960. The figures contained in the table on p. 25 are of considerable interest and, in so far as they relate to the survival of premature babies born and nursed entirely at home, reflect credit on the midwives engaged on these cases.

Two portable incubators were purchased during the year for the conveyance of premature babies to hospitals.

These incubators, in which temperature and oxygen concentration can be controlled, are kept at the Aberkenfig and Neath Ambulance Control Stations. Special terminal sockets have been installed in the County ambulance vehicles so that the incubators may be adequately heated prior to and during the conveyance of premature babies to hospital. Local midwives, ambulance drivers, and hospital maternity unit staff have been instructed in the use of the apparatus.

OTHER PROVISION.

In most of the divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers and suitable appliances are available for purchase.

All these clinics are well attended.

1. No. of premature live-births notified (as adjusted by transferred notifications). 2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) In hospital	..	..	670	(a) In hospital	..	..	123
(b) At home	..	..	213	(b) At home	..	..	19
(c) In private nursing homes (A) ..	5	Total ..	888	(c) In private nursing homes (A) ..	5	Total ..	147

Weight at birth.	PREMATURE LIVE-BIRTHS.															PREMATURE STILL-BIRTHS.		
	Born in hospital. (B)			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in nursing home and nursed entirely there.			Born in nursing home and transferred to hospital on or before 28th day.			Born in hospital.	Born at home.	Born in nursing home.
	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.	Total.	Died within 24 hours of birth.	Survived 28 days.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
3 lb. 4 oz. or less .. (1,500 gms. or less)	83	35	29	5	1	1	15	5	5	—	—	—	—	—	—	66	9	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	138	15	115	11	3	6	22	3	14	1	—	1	—	—	—	31	4	1
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	145	7	131	22	—	21	9	2	7	2	—	2	—	—	—	6	1	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	304	8	293	120	2	115	9	1	7	2	1	1	—	—	—	20	5	4
Total (C) ..	670	65	568	158	6	143	55	11	33	5	1	4	—	—	—	123	19	5

Notes.—(A) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.

(B) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.

(C) The totals in the above tables correspond with the appropriate figures in items 1 and 2, e.g. item (b) corresponds with the sum of the total of columns (5) and (8).

Births in an ambulance or in the street have been listed under the place to which the case was immediately transferred.

DENTAL CARE.

Mr. H. P. R. Williams, L.D.S., the Principal Dental Officer, has contributed the following report on the dental treatment of nursing and expectant mothers and children of pre-school age :—

“The past year has followed the pattern of former years in the steady decline of our full-time staff, leaving the Service with approximately the equivalent of $7\frac{1}{2}$ whole-time dental officers. This decline is reflected in the dental treatment carried out compared with 1960. The number of sessions worked by our dental officers last year was 4,296 against 5,596 during 1960.

1961 has been the first full year in which expectant and nursing mothers have been able to receive complete treatment free under the National Health Service—until the middle of 1960 they were required to contribute half the cost for prosthetic treatment. This has resulted in many mothers—who came to us when there was a charge—obtaining treatment at their own private practitioner. Many mothers take their small children along for treatment at the same time as this is more convenient for them.

In 1961, 1,083 expectant and nursing mothers were referred to the Authority's dental clinics, chiefly from the maternity and child welfare clinics. Of this number 1,043 were found to require treatment, 960 being actually treated and 562 rendered dentally fit. The differences between the number of those treated and those rendered dentally fit results from mothers being unable to continue treatment as their time of confinement approaches and then not continuing treatment as a nursing mother owing to the care she has to devote to the baby—or her inability to obtain a neighbour or relation to take care of the little one while she visits the dentist.

The number of teeth extracted was 3,853 against 4,563 last year, whilst 478 fillings were inserted, as compared with 492 for the year before. Scalings and gum treatment numbered 172.

The number of dentures inserted was 356 complete upper or lower dentures, 184 partial upper or lower dentures. This is an increase on the figures of 332 complete upper or lower dentures and 179 partial upper or lower dentures for last year. This reflects the continued prevalence of dental decay. Quite a number of young mothers do not practice oral hygiene during pregnancy, with the result that there is a rapid decline in their dental fitness.

In the pre-school age group, the number of fillings was 100, against 99 in 1960. Whilst this figure was constant the number of fillings could certainly be improved if more dental manpower were available. Very often young toddlers are not brought to our clinics unless suffering from toothache and then there is no alternative but to extract the offending teeth.

Some infants have the most deplorable mouths requiring four to six and sometimes more extractions. The parents of these children readily agree when questioned that these children have had an excess of sweetmeats—very often placing the blame on the grandparents, uncles, or aunts, who give them the necessary money to buy the sweets. It does seem a fact that the bigger the consumer of “sweet substances” the greater the ratio of dental decay.

The number of teeth extracted for this group was 1,572 against 2,104 last year. This would have been a welcome improvement but only 697 children were examined against 936 the year before—hence the lower extraction number.

During the year 476 general anaesthetics were given to these toddlers, against 679 last year.

DISTRIBUTION OF WELFARE FOODS.

Revised arrangements for the distribution of orange juice, cod liver oil, and vitamin tablets came into operation on 1st June in accordance with the Ministry's Circular 14/61 (Wales). The increased prices to be charged for these items was the subject of protest to the Ministry. The County Council also made a protest against the increased prescription charges imposed by the Government.

The effect of the increased charges for welfare foods is, to some extent, shown in the following table, which sets out the quantities of Ministry of Food products issued during the last two years :—

		<i>National Dried Milk.</i>	<i>Cod Liver Oil.</i>	<i>Orange Juice.</i>	<i>Vitamin A and D Tablets.</i>
1961	..	67,261	17,669	139,633	15,542
1960	..	83,820	40,447	310,102	26,969

The total value of the postage stamps surrendered and cash paid by beneficiaries was £14,996.

Payment by cash rather than by stamps proved a convenience to the beneficiaries.

Proprietary Welfare Foods.

The Kenfig Hill Voluntary Committee, who had undertaken the sale of proprietary welfare foods at Kenfig Hill and Cefn Cribbwr Infant Welfare Clinics, found themselves unable to continue this work. In view of the new procedure for the sale of welfare foods, a food sales clerk undertook the distribution at the Briton Ferry Clinic, where this work had previously been done by two voluntary workers. The list of voluntary workers engaged in the distribution of proprietary welfare foods or the Ministry's welfare foods grows smaller. At the end of the year the number of voluntary workers was twelve, the majority of these being in the West Glamorgan Health Division.

Nuclear Tests.

At the end of the year precautionary plans were made for the distribution of evaporated milk in substitution for liquid milk for babies under one year, but fortunately the need to put the scheme into operation did not arise.

TRAINING OF NURSERY NURSES.

During the year, seventeen first-year and eighteen second-year student nursery nurses have attended the course held at the Bridgend Technical College in preparation for the appropriate examinations of the National Nursery Examination Board or the Glamorgan Education Committee.

My deputy (Dr. R. T. Bevan), Dr. Kathleen Davies (Divisional Medical Officer of the Mid-Glamorgan Health Division), and Miss E. G. Wright (County Superintendent Health Visitor and School Nurse) lecture to students in the health section of the course. Visits of observation were arranged to child welfare clinics.

SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

In most divisions there was a continuous shortage of midwives, either for permanent appointment, or for holiday or relief duties. I am seriously concerned about the domiciliary midwifery staffing situation. Nothing that has been attempted nationally or locally has been of much avail to relieve the shortage in this County.

In some divisions it is becoming practically impossible further to eke out the rapidly dwindling staff. Each unfilled vacancy results in additional duty for midwives in the adjacent area, often with cancellations of off-duty times or curtailment of leave. These are conditions which occur too frequently to be accepted by the staff as being reasonable or equitable.

To the pregnant woman hoping to be confined at home the knowledge that the local midwifery service is inadequate is hardly likely to promote that state of mental well-being which is so desirable in pregnancy.

From enquiries I have made, hospital maternity units within the County are also having difficulty in recruiting or keeping midwives. These difficulties are not confined to Glamorgan.

The early discharge of mothers from maternity hospitals places the work of their nursing care on the domiciliary midwives, many of whom fail to enthuse about an arrangement which deprives them of the opportunity and personal satisfaction of attending a patient during confinement, but leaves them with perhaps less interesting work of looking after her at home during the remainder of the puerperium.

A large proportion of the present staff of domiciliary midwives is in the upper age group and within the next ten years fifty midwives, as will be seen from the following table, are due to retire on age grounds :—

1962	..	3
1963	..	3
1964	..	5
1965	..	0
1966	..	7
1967	..	8
1968	..	8
1969	..	5
1970	..	5
1971	..	6
Total	..	<u>50</u>

These considerations give added weight to a case for some more effective action to recruit women to the midwifery profession than has been made up to the present. The inducements offered so far have failed to attract recruits and if these are not forthcoming, some dilution of the existing service will be inevitable otherwise if women are not prepared to do this work, they could hardly sustain objection to the proposal already made in the correspondence columns of one of the nursing journals that male nurses should be given the opportunity of entering this field.

On 31st December, 1961, there were in the Administrative County, 137 domiciliary midwives who had notified their intention to practise. Six of this number were actually practising as independent midwives. In the County Domiciliary Service 131 were employed, eighteen being engaged as nurse-midwives.

The arrangements for supervision under the Midwives Acts remained the same as in previous years. Miss E. J. Moseley is the County Non-Medical Supervisor of Midwives and Home Nurses, in succession to Miss Bronwen Davies who retired on 24th April, 1961, and in each of the nine Health Divisions there is a Divisional Non-Medical Supervisor.

Of the total number of 13,054 births which took place at home or in hospital in 1961 County midwives attended 5,033 deliveries, an increase of 106 compared with the previous year.

Eleven babies were born in ambulances during transport to hospital of mothers in labour.

The number of births occurring in hospital increased by 102.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year and a total of 8,270 home nursing visits were made by County midwives. This figure continues to decline and is 1,283 less than in 1960.

HUMAN RELATIONS IN OBSTETRICS.

One good result of the Ministry's memorandum to hospital management committees on this question was the re-constitution or revival of the Medical Liaison Committee, who in some hospital groups within the County had not been over active in their attempts to co-operate with the Local Health Authority and other interested bodies in matters relating to ante-natal care.

It seems that the need for liaison with the Health Authority is being more appreciated, particularly with regard to the establishment of classes for ante-natal patients and for health education generally. The confusion likely to arise in the mind of the expectant mother due to duplication of this service is also realised.

In one group, in view of the reticence of some patients to ask the advice of the consultant or midwife about personal problems, it was proposed to place a question box in the hospital ante-natal clinic so that the consultant would be able to give answers in writing to the more personal questions which a patient might be reluctant to ask at an open clinic.

There is little doubt that serious consideration is being given by the group management committees to the Ministry's memorandum and in some hospitals arrangements are being made to improve the comfort and convenience of mothers in hospital and the need to provide mothers with companionship during the first stage of labour is being studied. Again the chronic shortage of hospital midwives is considered to be the cause of many difficulties with which hospital maternity units are faced. In the East Glamorgan Hospital this was also the reason for failure to open a premature baby unit.

MIDWIVES AND HOME NURSES.

In April the Motor Car Allowances Sub-Committee recommended approval of the principle of granting Occasional User Scale "A" motor car allowances to midwives and home nurses for all official journeys and authorised the Chairman to grant such allowances to specific employees after considering the recommendations of the County Medical Officer.

The implementation of these arrangements has eased the transport difficulties which some of the midwives and nurses had encountered in visiting their patients.

ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

During 1961 the number of patients who received gas and air analgesia was 3,546, i.e. eighty-five less than in 1960. Expressed in terms of percentages, 70.5 per cent of cases attended in 1961 received gas and air analgesia, compared with 73.7 per cent in 1960.

Pethedine was administered to 3,211 patients, or 63.8 per cent of the cases attended.

Trichloroethylene was administered to 1,487 patients during the year, i.e. an increase of 285 compared with 1960. There are now fifty-five sets of apparatus in use.

SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the County Non-Medical Supervisor acting on my behalf as liaison officer.

Except in the Rhondda, Mid-Glamorgan, and South-East Glamorgan Divisions, where supervision of the Home Help Service is done by the County Home Help Organiser or her assistants, the Non-Medical Supervisors of Midwives undertake some of this work which, in most Divisions, is shared with the Divisional Superintendent Health Visitor. In all Divisions the Non-Medical Supervisors are responsible also for the supervision of the County Home Nursing Service.

The following table shows the number of visits made by the Non-Medical Supervisors under the different headings of service. The total figures for the previous year are also given in brackets for the purpose of comparison :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

Number of Visits including visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Home Help Services.	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncoerwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals
(a) To County Midwives	248	338	176	230	171	90	191	77	126	1,647 (1,413)
(b) To Independent Midwives	—	—	—	—	—	—	1	—	3	4 (2)
(c) To Nursing Homes	—	—	7	—	—	—	15	19	—	41 (21)
(d) To Home Nurses	225	210	160	137	153	46	165	66	96	1,258 (1,081)
(e) To Home Helps and Applicants for Home Help	546	688	24	586	660	1,203	2	951	—	4,660 (3,971)

SUPERVISION OF NURSING HOMES.

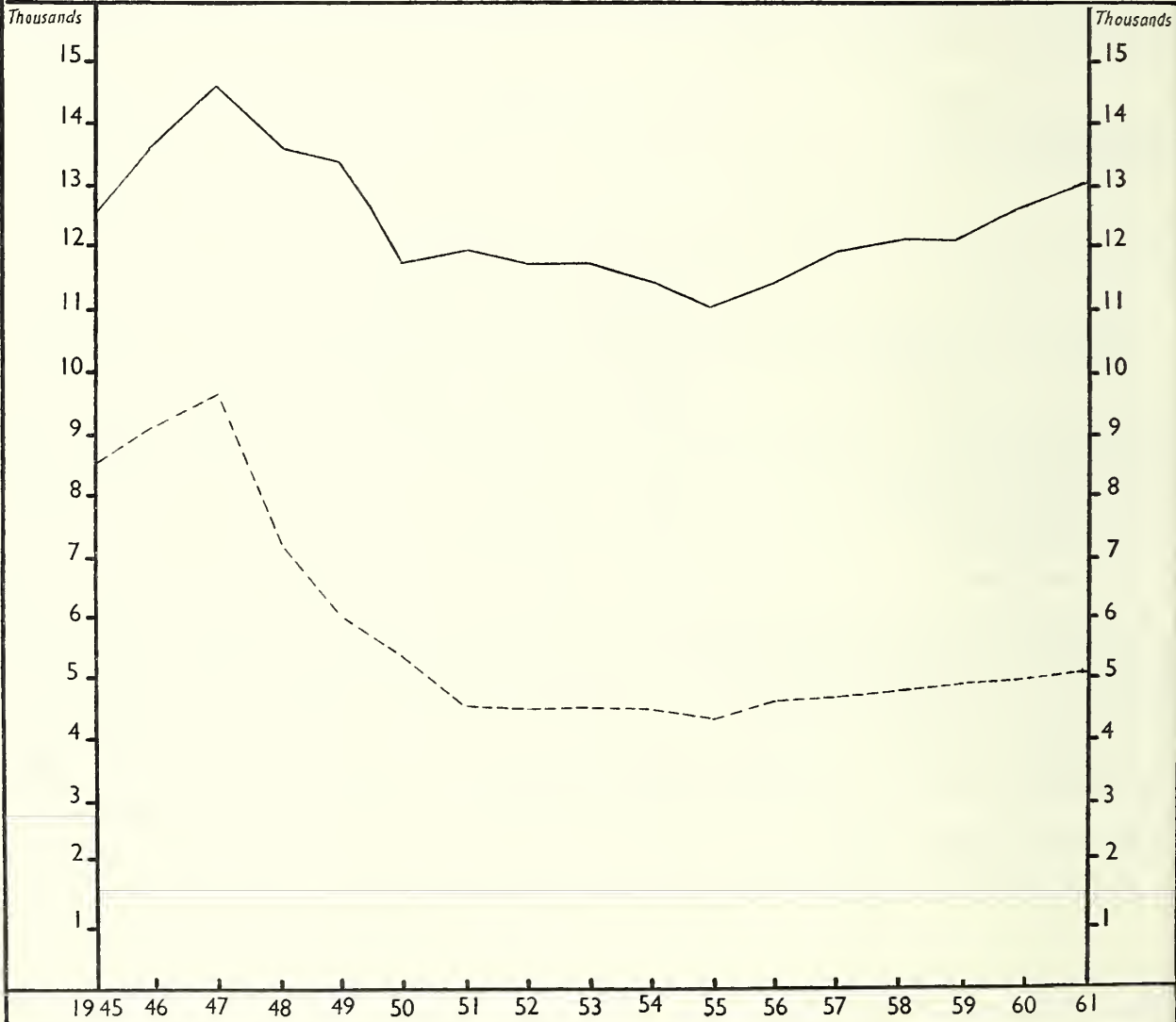
Regular inspections were carried out during the year to ensure the proper maintenance of the three nursing homes registered under section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there were no agencies registered under the Nurses' Acts, 1943 and 1945.

BIRTHS

— Total Births
- - - Domiciliary Births



STATISTICS.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD.										
COUNTY MIDWIVES—										
Doctor Not Booked { Doctor present at delivery	—	4	7	5	4	5	2	1	4	32
Doctor Booked {	Doctor not present at delivery	6	116	35	99	40	70	1	17	480
	Doctor present at delivery	15	49	49	42	41	25	51	39	380
	Doctor not present at delivery	375	621	721	296	370	301	647	194	4,141
MIDWIVES IN PRIVATE PRACTICE—										
Doctor Not Booked { Doctor present at delivery	—	—	1	—	—	—	—	—	—	1
Doctor Booked {	Doctor not present at delivery	—	—	—	—	—	—	—	—	—
	Doctor present at delivery	—	—	—	—	—	1	—	1	2
	Doctor not present at delivery	—	—	—	—	—	—	—	14	14
ADMINISTRATION OF ANALGESICS.										
No. of Midwives in practice in the area qualified to administer analgesics {	Domiciliary ..	10	19	18	10	11	11	20	15	131
	In institutions	19	7	18	22	10	—	8	16	111
	Private practice ..	—	—	1	—	—	—	—	—	1
No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives	10	19	18	10	11	11	20	15	17	131
No. of cases in which gas and air was administered by County Midwives—										
(a) When doctor not present at delivery ..	299	444	533	266	219	279	535	171	538	3,284
(b) When doctor present at delivery	4	39	33	28	17	22	39	16	64	262
No. of cases in which pethedine was administered by County Midwives—										
1. (a) When doctor not present at delivery ..	309	453	580	235	234	210	400	150	400	2,971
(b) When doctor present at delivery	1	34	35	34	18	16	33	15	54	240
2. by Midwives in Private Practice—										
(a) When doctor not present at delivery ..	—	—	—	—	—	—	—	—	—	—
(b) When doctor present at delivery	—	—	1	—	—	—	—	—	—	1
No. of cases in which Trilene was administered by County Midwives—										
(a) When doctor not present at delivery	114	248	146	119	145	155	190	74	181	1,372
(b) When doctor present at delivery	—	16	17	20	20	11	15	7	9	115
No. of sets of apparatus in use by County Midwives ..	6	6	6	7	6	7	5	6	6	55

POSTGRADUATE COURSES.

(a) *Midwives.*

A further refresher course was held at Dyffryn House from 16th to 22nd April, 1961. In addition to Glamorgan County midwives, County midwives from Pembrokeshire, Breconshire, and Cardiff County Borough Council, and hospital midwives from Glamorgan attended.

The total number of midwives attending was thirty-eight, made up as follows :—

<i>Sending authority.</i>	<i>No.</i>
Glamorgan County Council	26
Breconshire County Council	1
Pembrokeshire County Council	2
Cardiff County Borough Council	1
Hospital Management Committees—	
Glantawe	2
Mid-Glamorgan	2
Pontypridd and Rhondda	4
	— 8

Miss Bronwen Davies, County Non-Medical Supervisor of Midwives, with Miss E. J. Moseley, acted as Warden for the course and was assisted by Mrs. G. R. Thomas, Divisional Non-Medical Supervisor of Midwives for the Aberdare and Mountain Ash Health Division.

Professor A. S. Duncan, Department of Obstetrics and Gynaecology, Welsh National School of Medicine, delivered the inaugural address "Midwifery Practice in the Future", and the following is a list of the other lectures and events :—

<i>Subject.</i>	<i>Lecturer.</i>
"Congenital Abnormalities"	Professor A. G. Watkins, Department of Child Health, Welsh National School of Medicine.
"The Present Position of Diagnostic Radiology in Pregnancy"	Dr. Graham Hinde, Consultant Radiologist, United Cardiff Hospitals.
"Principles of Adoption Work"	Miss Beti Jones, B.A., Children's Officer, Glamorgan County Council.
"Neo-natal Problems and the Care of the Pre-mature Baby"	Dr. P. T. Bray, Consultant Paediatrician, United Cardiff Hospitals.
"Parentcraft"	Miss E. G. Wright, County Superintendent Health Visitor/School Nurse, Glamorgan.
"Maternal and Foetal Mortality and Morbidity"	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"Mental Health in Pregnancy"	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer, Glamorgan.
"Aspects of Analgesia in Obstetrics"	Professor W. W. Mushin, Department of Anaesthetics, Welsh National School of Medicine.
"Ante-natal Assessment"	Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine.
"The Rhesus Factor"	Dr. B. Bevan, National Blood Transfusion Service, Welsh Division.
"The Rules of the Central Midwives Board"	Miss M. Fensom, Education Officer, Central Midwives Board.
"Hypnosis in Pregnancy"	Mr. M. D. Arwyn Evans, F.R.C.S., Consultant Obstetrician.

Visits were paid to :—

The Steel Company of Wales, Abbey Works, Port Talbot.
Whitchurch Hospital, Radiotherapy Unit.

Films were shown on :—

"My True Account" (John Milton)—Hygiene in Bottle Feeding.
"Quads are Born".
"The Sorrento Way—The Care of Premature Babies".

(b) Non-Medical Supervisors of Midwives.

A postgraduate course for non-medical supervisors of midwives was held at Bedford College, London, from 9th to 15th April, 1961, when the following supervisors attended :—

Miss M. Evans, Caerphilly and Gelligaer Health Division ;

Miss M. Daly, Neath and District Health Division ;

Miss B. Owen, South-East Glamorgan Health Division.

Medical Aid.

This was summoned in accordance with the rules of the Central Midwives Board on 1,485 occasions for reasons shown in the following table. This compares with the figures of 1,454 for 1960, and 1,409 for 1959.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1961.

	Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
(1) RELATING TO MOTHER.										
(i) Ante-natal.										
(a) Albuminuria	12	3	34	6	9	—	8	5	15	92
(b) Eclampsia	—	—	—	—	—	1	—	—	—	1
(c) Ante-partum haem.	4	15	12	6	3	2	10	3	31	86
(d) Abortions	—	18	3	5	4	1	7	8	9	55
(e) Miscellaneous	12	7	7	4	6	3	6	1	28	74
(f) Raised blood pressure	—	—	—	—	—	—	—	—	10	10
(ii) Natal.										
(a) Placenta praevia	—	—	—	—	—	—	—	1	—	1
(b) Prol. 1st st. lab.	7	10	12	3	9	—	3	6	26	76
(c) Prol. 2nd st. lab.	3	9	10	6	7	2	5	2	21	65
(d) Ab. presentation	11	10	10	3	12	4	8	2	14	74
(e) Miscellaneous	—	19	9	7	6	5	—	—	2	48
(iii) Post-natal.										
(a) P.-n. convulsions	—	—	—	—	—	—	—	—	—	—
(b) Albuminuria	—	—	—	—	—	—	—	—	—	—
(c) Rupt. perineum	11	56	29	38	51	13	33	8	83	322
(d) Plac. abnormal	3	13	7	5	8	—	2	—	13	51
(e) Post-partum haem.	5	7	6	8	6	3	4	4	7	50
(f) Puerp. pyrexia	4	7	6	9	—	1	8	2	10	47
(g) Breast conditions	—	2	2	—	4	—	1	—	2	11
(h) Stillbirth	2	2	2	1	2	1	2	2	4	18
(j) Miscellaneous	8	14	22	4	18	5	8	1	18	98
(2) RELATING TO INFANT.										
(a) Neo-natal dis.	1	11	1	—	6	—	—	—	19	38
(b) Asphyxia	—	5	9	2	6	2	11	2	8	45
(c) Malformation	3	8	11	3	1	2	1	3	4	36
(d) Eye conditions	1	2	1	7	2	—	5	1	15	34
(e) Prematurity	3	6	10	9	2	1	5	1	16	53
(f) Skin conditions	—	5	1	6	1	—	3	—	6	22
(g) Jaundice	3	2	1	2	—	1	1	1	3	14
(h) Miscellaneous	3	2	16	14	4	1	7	3	14	64
Totals	96	233	221	148	167	48	138	56	378	1,485

Abnormal presentation, ante-partum haemorrhage, placenta abnormalities, and miscellaneous conditions were the main causes relating to mothers for which medical help was sought more frequently than in the previous year.

The number of cases in which medical aid was summoned for malformation, neo-natal disorders, asphyxia, eye conditions, prematurity, and other miscellaneous conditions in infants showed a slight increase.

The number of instances of abortion for which medical aid was summoned, fell during the year to 55, compared with 76 during 1960.

SECTION 24—HEALTH VISITING SERVICE.

On 31st December, 1961, the service comprised the County Superintendent Health Visitor, Miss E. G. Wright, nine divisional superintendents, one whole-time health visitor, 117 health visitors-school nurses, and eight part-time clinic nurses. Four of the health visitors-school nurses, although not in possession of the Health Visitors' Certificate, had been granted dispensation by the Ministry of Health which enables them to be employed as health visitors.

Losses of health visitors-school nurses, and clinic nurses, by resignation and retirements in 1961 totalled ten. There were fifteen new appointments, of whom five were student health visitors who qualified during the year.

Five other students, sponsored by the Health Committee, are undergoing training for the Health Visitors' Certificate at the Welsh National School of Medicine and should be ready to present themselves for examination in June, 1962.

In the programme of development prepared in 1946, the scheme for the Health Visiting Service envisaged the employment of 116 health visitors. The whole-time equivalent at the end of the year was 92.81. One-hundred-and-sixteen health visitors would not have been too many to undertake the extended duties outlined in the National Health Service Act but, as in most other branches of the nursing profession, there is a shortage of health visitors and the present establishment is insufficient to meet the essential needs of this Service. To budget for a larger number would be unrealistic because experience over the past years has shown that health visitors are in short supply.

Shortage of staff, as well as other considerations, has made it impossible to assign health visitors to work with family doctors in their practice.

The arrangements whereby up to six student health visitors, sponsored by the Health Committee, undergo training for the Health Visitor's Certificate at the Welsh National School of Medicine rarely covers the annual loss of existing staff by normal wastage. Whatever the reasons may be for the continued shortage of health visitors the result has been seen in the very restricted sphere of work they are able to undertake. In some of the clinics, clinic nurses, i.e. nurses on the General State Register, but who are not health visitors, assist in some of the routine duties. More health welfare officers have been employed, thus relieving health visitors of some of the duties they undertook on behalf of the mentally subnormal.

During the year there has been greater concentration on visits to "other cases", most of these being in respect of special or routine visits to the aged and infirm.

Special enquiries to assist research or investigation undertaken by national organisations make additional inroads into the time of the health visitor, who finds extreme difficulty in fulfilling all the demands on the very limited amount of time available to her for home visits. In most, if not all, of her visits she finds opportunity to lay emphasis on health promotion as well as physical well-being and her health education activities are given full scope wherever opportunity presents itself.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 268,259 visits during 1961, a decrease of 260 visits, compared with the figure for 1960. Their visits involved 59,949 families or households; this number included 10,622 visits to tuberculous households. The number of children under 5 years of age visited during the year was 61,459, which was 3,528 more than in 1960. The number of visits made to expectant mothers increased by 206 to a total of 13,669 and an increase of 3,621 is recorded in visits to "other cases". The 31,626 visits to "other cases" include visits to proposed adopters and special or routine visits to the aged and infirm, problem families, and mental defectives.

The time of the health visitors is not devoted exclusively to the duties under the National Health Service Acts, slightly more than one-third of their time being employed on School Health Service work. Expressed in terms of whole-time service the number of health visitors devoted to health visiting was equivalent to 85.0 for 1961, being 1.3 more than the previous year.

There was a slight increase in the total number of visits paid to expectant mothers and others, whilst the visits paid to children under one year of age, children between the ages of 1-2 years, and 2-5 years, and tuberculous households showed a decrease, viz.:—

		1956	1957	1958	1959	1960	1961
Children between ages 1-2 years	..	40,170	38,038	41,832	45,754	45,848	45,400
Children between ages 2-5 years	..	78,791	67,888	74,327	76,730	78,506	77,071
Tuberculous households .. ..	..	14,553	13,828	12,804	11,869	12,009	10,622
Others .. .. .	..	26,754	22,671	24,841	26,695	28,005	31,626

HEALTH VISITING STATISTICS.

The following table shows the number of health visitors employed in the respective health divisions, and the number of visits paid during the year :—

			Aberdare and Mountain Ash.	Caerphilly and Gelligaer.	Mid-Glamorgan.	Neath and District.	Pontypridd and Llantrisant.	Port Talbot and Glyncorrwg.	South-East Glamorgan.	West Glamorgan.	Rhondda.	Totals.
No. of Health Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year	Whole-time on health visiting		—	—	—	—	—	—	—	—	—	—
	Part-time on health visiting		11	9	13	12	12	11	18	11	20	117
Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes)			9.04	6.80	10.40	6.36	7.29	9.00	15.60	8.53	12.00	85.02
No. of visits paid by Health Visitors	Expectant mothers	First visits	854	640	1,464	620	356	484	651	344	541	5,954
		Total visits	3,139	1,158	3,848	1,199	577	851	1,240	592	1,065	13,669
	Children under 1 year of age	First visits	991	1,552	2,025	1,086	1,276	1,147	2,402	1,013	1,598	13,090
		Total visits	9,849	7,642	8,800	6,803	8,219	5,735	17,123	9,053	16,647	89,871
	Children between ages 1-2 years	.. Visits	5,239	5,003	3,400	3,428	4,461	3,312	8,556	3,789	8,212	45,400
	Children between ages 2-5 years	.. Visits	10,787	6,718	7,851	7,464	5,514	7,336	11,902	8,421	11,078	77,071
	Tuberculous Households	.. Visits	1,580	625	835	1,063	1,241	1,309	1,181	1,028	1,760	10,622
	Others	.. Visits	10,222	2,063	3,511	1,884	2,106	1,751	2,215	2,556	5,318	31,626

Special visits and selective visits tend to replace some of the routine work formerly undertaken when more staff was available. The extent to which non-routine work is done varies considerably between the divisions as will be seen in the figures shown for "other visits" in the above statistical table.

Visits to the aged and infirm would probably account for the majority of the 31,626 visits returned under this heading.

Dr. Kathleen Davies in her annual report as Divisional Medical Officer (Mid-Glamorgan Health Division) states "that no case of phenylketonuria has so far been detected. When the child reaches the age of 6-8 months the hearing is tested by the health visitor. This is now being carried out when she visits the home as it was found that when this testing was done in clinic many babies were being missed".

Refresher Course.

A refresher course was held at Duffryn House during Whitsun week, 1961, when thirty-five Glamorgan health visitors attended.

Miss E. G. Wright, County Superintendent Health Visitor, acted as Warden of the course and the following programme of lectures was arranged :—

<i>Subject.</i>	<i>Lecturer.</i>
Inaugural Address	Dr. W. E. Thomas, County and Principal School Medical Officer.
"Mental Health Act and Local Authority Services"	Dr. R. T. Bevan, Deputy County and Principal School Medical Officer.
"Emotional Problems of the Adolescent"	Dr. Delfun Lewis, Consultant Psychiatrist, Whitchurch Hospital.
"Psychosomatic Illness"	Dr. J. P. Spillane, Physician Superintendent, Whitchurch Hospital.
"Educationally Subnormal Children"	Dr. Phillip Williams, Educational Psychologist, Glamorgan.
"Psychiatric Social Workers—After-care Services"	Mrs. M. R. Thomas, Student Supervisor, Children's Department, Glamorgan.
"Child Guidance"	Dr. G. Roberts, Senior Registrar, Whitchurch Hospital.
"Subnormality"	Dr. T. B. Jones, Medical Superintendent, Hensol Castle.
"Mental Health and the Expectant Mother—Ante-Natal Classes"	Health Visitors Mrs. O. Jones and Miss M. V. Smith, Glamorgan.
"Mental Illness and the Aged"	Dr. Marshall W. Annear, Medical Superintendent, Morgannwg Hospital.
"Social Clubs in Relation to Mental Health"	Dr. T. P. Riordan, Medical Superintendent, Cefn Coed Hospital.
"Mental Illness and Pregnancy"	Dr. W. Linford Rees, Consultant Psychiatrist.
"The Prognosis in Mental Illness"	Dr. W. Linford Rees, Consultant Psychiatrist.

In addition, visits of interest were paid to the following :—

Whitchurch Hospital.
Llandarcy Oil Refinery.
Rhoose Airport.

Pioneer Course in Social Welfare Work.

Two health visitors were seconded to attend this two-year course of study and practical training which commenced in the Birmingham College of Further Education in September, 1961.

SURVEY OF GASTRIC CONDITIONS.

This survey, which has been in progress since 1951, under the direction of Dr. Ernest Evans, Consultant Physician at the East Glamorgan Hospital, continued during the year and the services of one of the health visitors in the Pontypridd and Llantrisant Health Division are still being used in the follow-up of patients.

SECTION 25—HOME NURSING SERVICE.

On 31st December, 1961, there were engaged in this Service 135 whole-time and twenty-two part-time home nurses. In addition, there were eighteen nurse-midwives. This represents an increase of two part-time home nurses over the numbers for the previous year.

Year.	Cases attended.	Visits paid.
1950	15,510	391,861
1955	17,851	520,299
1956	17,053	539,386
1957	17,198	572,066
1958	16,158	563,179
1959	15,385	558,095
1960	14,110	555,613
1961	14,416	551,845

Since 1950 the number of visits has increased by 40·8 per cent. Last year there was an increase of 306 in the number of cases attended (14,416), compared with 1960. Compared with 1950 the number of cases fell by 1,094, but the number of visits increased by 159,984 from 391,861 to 551,845. These are very significant figures.

Details of the work done in each division are shown in the table on p. 42.

Although the number of medical cases attended increased by 450 the number of visits decreased by 6,836.

One-hundred-and-seventy-six less surgical patients were attended than in 1960, but there was an increase of 3,858 in the number of visits.

Case loads were heaviest in the West Glamorgan, Port Talbot and Glyncothwrg, Caerphilly and Gelligaer, and Rhondda Divisions.

Because of the very heavy demands made upon the service in the Upper Rhondda Fawr area, the Committee approved an increase in the establishment to provide one additional home nurse to ease the case load in the Cwmparc and Treorchy area.

Midwives with light case-loads are sometimes able to assist home nurses in routine nursing duties and 8,270 visits were made by midwives on their behalf last year, 1,283 fewer than in 1960.

Co-operation between the home nurses, hospital staffs, and the general practitioners continues to be excellent.

The Home Nursing Service is one in which further developments may be expected if the present trend towards treatment of more patients outside hospital continues. The population continues to age and contains a larger number of elderly people than ever. This is reflected in the work of the home nurses whose nursing care of the aged takes more and more of their time. Incidentally, the Home Help Service as well as the General Medical Practitioner Service will also be affected by the gradual increase in the number of aged persons in the community. If the Home Nursing Service is to expand, as it undoubtedly will, local health authorities are likely to face major problems in finding suitably-trained staff.

District Training.

During the year arrangements were made for eleven recently appointed home nurses to receive training in district work at Cardiff or Bristol at short-term courses established by the Cardiff and Bristol City Councils.

The courses are of considerable benefit especially to nurses whose experience has been restricted to working in hospital. All the Glamorgan students were successful at the examination held at the end of the course.

Refresher Course.

In conjunction with the Central Council for Health Education a two-day refresher course for home nurses was arranged at the Temple of Peace and Health, Cathays Park, Cardiff, on 14th and 15th, and 21st and 28th November.

The nurses were divided into two groups of eighty-five and ninety, respectively. Each group had the same course of lectures. The course extended for two days, the subjects and lecturers being as follows :—

"Modern Hazards to Health"	..	..	..	D. Lynton Porter, Esq., Education Officer, Central Council for Health Education.
"The Genesis of Mental Health"	..	..	..	D. J. Gordon Smith, M.B., B.Ch., D.P.H., Deputy Medical Director, Central Council for Health Education.
"National Assistance Benefits"	..	..	..	L. G. Williams, Esq., Assistant Controller, Central Office of the National Assistance Board, Wales.
"Superannuation Problems"	..	..	..	W. G. K. Lock, Esq. Administrative Officer, County Treasurer's Department, Glamorgan.

Marie Curie Memorial Foundation.

With the aid of a small grant from this voluntary association it was possible to provide extra nursing comforts, special nourishment, etc., for the benefit of persons suffering from cancer for whom special day and night nursing service can be made available when necessary.

The following is a summary of the home nurses' work during 1961 :—

Health Divisions.	No. of cases attended.						Total visits paid.						No. of cases remaining on registers at the end of the year.						Average No. of Cases attended by each Home Nurse.	Average No. of Visits made by each Home Nurse.
	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.		
Aberdare and Mountain Ash	904	290	3	15	13	7	48,149	15,721	24	402	78	156	289	62	—	1	—	4	85.6	4,481
Caerphilly and Gelligaer ..	1,291	425	10	20	10	—	47,501	12,463	42	1,125	62	—	392	67	—	3	1	—	104.5	3,642
Mid-Glamorgan ..	1,149	471	1	37	15	25	45,165	17,895	9	1,579	163	293	366	107	—	11	—	5	77.9	2,986
Neath and District ..	859	322	—	106	4	1	32,017	9,097	—	5,874	114	116	279	51	—	29	—	—	90.2	3,295
Pontypridd and Llantrisant ..	682	289	—	5	12	—	26,263	10,351	—	139	34	—	250	51	—	—	—	—	72.6	2,705
Port Talbot and Glyncoerrwg ..	1,062	356	2	62	19	2	28,111	9,052	5	4,989	82	9	220	45	—	12	1	—	125.3	3,521
South-East Glamorgan ..	1,391	613	5	20	6	4	64,133	22,899	20	1,860	48	347	451	132	—	9	—	1	85.0	3,721
West Glamorgan ..	1,239	367	—	68	16	11	48,545	8,675	—	4,292	123	56	358	60	—	14	1	1	115.9	4,202
Rhondda ..	1,776	384	4	20	18	5	66,700	15,662	18	1,114	230	43	527	71	—	8	3	3	102.7	3,896
Totals ..	10,353	3,517	25	353	113	55	406,584	121,815	118	21,374	934	1,020	3,132	646	—	87	6	14	94.2	3,604
Totals, 1960 ..	9,903	3,693	15	361	90	48	413,420	118,057	111	22,409	900	716	3,061	676	—	84	5	12	92.8	3,653

SECTION 26—VACCINATION AND IMMUNISATION.

VACCINATION AGAINST SMALLPOX.

The figures in the following table show the number of persons in certain age groups who were vaccinated or re-vaccinated during the year. For the purpose of comparison, corresponding figures for 1960 are also given.

In my annual report for 1960, I stated :—

“Unfortunately the success of vaccination programmes against an infectious disease seems to depend more upon the presence of a case in an area than upon any propaganda, no matter how skilfully presented”.

By June, 1962, when this section of this present report was being prepared hundreds of thousands of Glamorgan people had been vaccinated during one of the most serious outbreaks of smallpox experienced by this County during the present century.

Health Division.	Number of persons vaccinated.											
	Vaccinated.						Re-vaccinated.					
	Age at 31st December, 1961.						Age at 31st December, 1961.					
	—1.	1.	2-4.	5-14.	15+.	Total.	—1.	1.	2-4.	5-14.	15+.	Total.
Aberdare and Mountain Ash ..	33	192	141	69	20	455	—	4	8	4	39	55
Caerphilly and Gelligaer ..	315	31	28	12	13	399	—	—	—	—	4	4
Mid-Glamorgan	358	85	63	41	31	578	—	—	—	3	27	30
Neath and District	97	36	18	23	26	200	—	—	3	5	50	58
Pontypridd and Llantrisant ..	73	15	14	22	29	153	—	—	—	6	83	89
Port Talbot and Glyncoirwg ..	250	29	16	17	7	319	—	—	—	—	1	1
South-East Glamorgan	478	67	61	60	103	769	—	3	10	28	280	321
West Glamorgan	343	36	14	15	30	438	—	—	1	5	46	52
Rhondda	118	24	41	22	52	257	—	—	2	4	50	56
Totals 1961	2,065	515	396	281	311	3,568	—	7	24	55	580	666
Totals 1960	2,406	282	244	216	423	3,571	3	8	19	85	698	813

IMMUNISATION AGAINST DIPHTHERIA.

The supply of certain antigens through the Public Health Laboratory Service was discontinued during the year, and local health authorities became free to obtain the vaccine of their choice through normal trade channels.

Combined antigens giving protection against diphtheria, whooping cough, and tetanus are now being increasingly used, thus minimising the number of injections given to the child and the number of clinic visits necessary.

During 1961, 20,820 children completed a full course of primary immunisation and 26,484 children were given a secondary or reinforcing injection. The corresponding figures for 1960 were 9,703 and 8,329, respectively.

This substantial increase in the number immunised is gratifying.

Seven cases of diphtheria were notified, six in the Neath Borough and one in the area of the Neath Rural District.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. In 1940 there were ninety-eight deaths; last year there was one death, the first in 13 years from this disease.

The excellent efforts made during the year to improve the numbers immunised must be maintained if diphtheria is to be completely eradicated as a killing disease.

The diphtheria immunisation figures for the respective health divisions and the diphtheria immunity index for the County are shown in the following tables :—

DIPHTHERIA IMMUNISATION.

Health Division.	Number of children who completed a full course of Primary Immunisation.								Total number of children who were given a Secondary or Reinforcing Injection.
	Children born in the year.								
	1961.	1960.	1959.	1958.	1957.	1952-56	1947-51	Total.	
Aberdare and Mountain Ash	354	703	225	170	133	522	780	2,887	5,851
Caerphilly and Gelligaer ..	380	549	149	100	62	314	26	1,580	972
Mid-Glamorgan	637	820	301	161	138	796	270	3,123	2,099
Neath and District ..	472	629	196	130	120	333	151	2,031	4,158
Pontypridd and Llantrisant	316	615	172	103	83	215	74	1,578	569
Port Talbot and Glyncoirwg	219	568	198	138	108	574	531	2,336	2,379
South-East Glamorgan ..	703	1,124	262	110	69	859	433	3,560	4,236
West Glamorgan	321	580	126	82	45	259	192	1,605	2,460
Rhondda	472	754	240	108	106	323	117	2,120	3,760
Totals	3,874	6,342	1,869	1,102	864	4,195	2,574	20,820	26,484

DIPHTHERIA IMMUNITY INDEX—GLAMORGAN.

	Under 1	1-4	5-9 10-14	Under 15 Total.	England and Wales.
1955 ..	6.42	57.36	31.45	36.66	49.7
1956 ..	12.04	55.78	30.17	35.65	48.9
1957 ..	6.5	56.15	26.84	33.06	48.2
1958 ..	9.3	54.01	26.65	32.49	46.7
1959 ..	8.2	52.73	22.37	29.31	45.9
1960 ..	20.6	54.28	24.94	32.41	48.3
1961 ..	57.00		47.93	51.00	51.0

WHOOPIING COUGH.

There were 387 cases of this disease notified last year and there was one death from this disease in the Penybont Rural District. The number of cases shows a considerable decrease compared with those for 1960 when 615 cases were notified, of which none was fatal.

The following table shows that the total of 10,886 children who were immunised last year is 3,691 more than in 1960 :—

WHOOPIING COUGH IMMUNIZATION, 1961.

	Children born in the year.							
	1961.	1960.	1959.	1958.	1957.	1952-56.	1947-51.	Total.
Aberdare and Mountain Ash ..	352	553	81	42	25	25	6	1,084
Caerphilly and Gelligaer	359	459	54	28	11	33	1	945
Mid-Glamorgan	340	696	225	154	22	65	20	1,522
Neath and District	469	615	80	22	10	17	6	1,219
Pontypridd and Llantrisant ..	389	356	228	73	21	20	13	1,100
Port Talbot and Glyncoirwg ..	305	469	75	33	23	23	2	930
South-East Glamorgan	696	1,085	180	66	36	82	25	2,170
West Glamorgan	304	137	9	16	7	17	6	496
Rhondda	468	701	119	48	42	37	5	1,420
Totals	3,682	5,071	1,051	482	197	319	84	10,886

VACCINATION AGAINST POLIOMYELITIS.

By the end of 1961 a total of 209,179 persons had received three injections against poliomyelitis and 3,715 were awaiting a first injection.

There was a marked increase in the demand for vaccination against poliomyelitis. Special immunisation clinics, often involving extra hiring of rented premises, were necessary and frequent evening sessions were held in most divisions with excellent response from the persons in the eligible age groups.

At the request of the Welsh Board of Health, the Authority undertook to make arrangements for a reinforcing fourth dose of inactive vaccine to be offered to children when they enter school (normally at the age of 5) and also to children of 5 and over already at school but who have not reached the age of 12. The numbers of children submitted for fourth injections was very gratifying in all divisions.

Towards the end of the year there was a reduction in the quantity of Salk Vaccine available for distribution and this had the effect of slowing down the immunisation programme. Following an announcement by the Minister of Health on 24th October, 1961, detailed arrangements were awaited concerning the use of Sabin Vaccine (live vaccine taken by mouth) for primary vaccinations. It is expected that supplies of Salk Vaccine will be restricted to patients for the completion of courses of vaccination begun with that type of vaccine.

Oral Poliomyelitis Vaccine Trial.

In June a trial of the new British oral poliomyelitis vaccine was undertaken by Dr. C. J. Revington in the Caerphilly and Gelligaer Health Division under the auspices of the Ministry of Health. This was one of six areas in the country selected for these trials with American and British vaccine to be taken by mouth. A total of twenty-eight children took part in the trial, which involved blood sampling before and after administration of the vaccine and a weekly collection of faecal samples for six weeks.

POLIOMYELITIS VACCINATION, 1961.

Health Division	Number of persons who received two injections during 1961					Number of persons who had received one injection at 31st December, 1961					Number of persons who had received third injection at 31st Dec., 1961	Number of children who had received fourth injection at 31st Dec., 1961	Number of persons on register awaiting vaccination on 31st Dec., 1961
	1943-1961 Group	1933-1942 Group	Persons born before 1933 who have not passed their 40th birthday	Others	Total	1943-1961 Group	1933-1942 Group	Persons born before 1933 who have not passed their 40th birthday	Others	Total			
Aberdare and Mountain Ash	1,555	364	2,159	36	4,114	254	44	214	1	513	17,712	4,271	45
Caerphilly and Gelligaer ..	1,904	504	1,432	123	3,963	266	66	108	5	445	20,489	4,225	64
Mid-Glamorgan ..	3,059	905	2,740	—	6,704	533	122	222	—	927	28,311	3,144	45
Neath and District	1,298	661	790	260	3,009	226	108	71	41	446	21,734	6,159	13
Pontypridd and Llantrisant ..	1,195	412	1,146	135	2,888	227	75	129	3	434	18,861	4,395	84
Port Talbot and Glyncoirwg ..	2,548	784	3,187	1,483	8,002	214	56	92	24	386	21,118	5,968	9
South-East Glam.	2,208	635	3,936	—	6,779	492	111	429	—	1,032	30,310	990	42
West Glamorgan	1,247	201	853	97	2,398	211	10	14	12	247	17,227	1,912	40
Rhondda ..	2,427	995	2,632	98	6,152	506	17	45	8	576	33,097	7,779	20
County Hall ..	43	11	77	—	131	8	1	10	—	19	320	8	—
Totals 1961 ..	17,484	5,472	18,952	2,232	44,140	2,987	610	1,334	94	5,025	209,179	38,851	3,7
Totals 1960 ..	10,099	5,554	14,401	876	30,930	2,469	721	1,751	77	5,018	181,015	—	1,9

SECTION 27—COUNTY AMBULANCE SERVICE.

PERSONNEL.

On 31st December, 1961, the personnel of the service comprised :—

- 1 County Ambulance Officer (Mr. D. I. Morris) ;
- 7 Area Ambulance Superintendents ;
- 21 Assistant Superintendents ;
- 159 Ambulance Driver/Attendants in the employ of the County Council.

One private firm remained under contract with the County Ambulance Service to operate and garage a vehicle belonging to the County Council.

Re-organisation of Service.

A reduction in the working hours of Ambulance Service personnel became operative on 28th December, 1960. The working week was reduced from 44 hours to 42 and, at the same time, a five-day working week was instituted for driving personnel and Control Room staff. The General Health Services Sub-Committee agreed in principle to new duty rotas which were later discussed with the personnel concerned and accepted by them. The new arrangements had involved a considerable amount of re-organisation designed to ensure the most effective, yet economical, deployment of personnel and vehicles.

In the early months of the year in particular, a close watch was kept on the operation of the Service to see that improved cover at peak periods, which the new rotas were intended to provide, was in fact available.

Conferences with Area Ambulance Superintendents and Control Room staffs led to a better appreciation of the resources available to them at all times and to a closer collaboration with their colleagues in making the maximum use of vehicles and the supporting cover which is readily available within the County area. The Service has consequently become more flexible and there has gradually been created in the minds of the personnel an awareness of the fact that the County Council is operating a County Ambulance Service and not one confined to the area immediately adjacent to a local Sub-Station. The call for ambulance conveyance of patients during the night did not in recent years justify a continuance of the stand-by arrangements which had been in force for many years in certain Ambulance Sub-Station areas.

Some grouping of sub-stations for stand-by duty at night was made and experience has shown that it is still possible for adequate cover to be maintained. At an opportune time it may be possible still further to reduce the amount of stand-by duty by making alternative arrangements which would not affect the efficiency of the Service.

Provision of Attendants.

Ambulances do not normally carry attendants. Where an escort is considered desirable by the doctor or hospital a patient is usually accompanied by a relative or friend. Different circumstances, however, arise when an ambulance is summoned in an emergency. When advance notice of the need for an attendant is given, it is usually possible to arrange for one to be available, but to provide an attendant on all ambulances would be a costly arrangement.

SITES AND PREMISES.

Gilfach Goch.

Work on the erection of a new ambulance sub-station was begun on a site adjacent to and previously within the curtilage of the Fire Station at Gilfach Goch. It is expected that the new sub-station will be ready for occupation early in 1962.

Pontardawe.

The freehold interest in a site of 0·17 acre of land at Church Street, Pontardawe, was acquired for the purpose of an ambulance sub-station, the building of which has been included in the programme for 1962-63.

Ystalyfera.

Improved garage accommodation was obtained in rented premises at Ystalyfera for the local ambulance.

Neath.

The Committee authorised the purchase from the Calor Gas Co., of the freehold interest in the garage, workshop, and offices situated at Canal Side, Neath, for the purpose of an ambulance control station.

The existing Ambulance Control Station has been housed in a part of the Old Town Hall, Neath, since July, 1948. The present accommodation is most inadequate and unsatisfactory, both for personnel and vehicles. When certain works of adaptation have been completed, the new premises, which stand on a site of 0·90 acre, will provide ample space for vehicles and much-needed amenities for the personnel. Excluding surveyor's fees and local charges, the purchase price of the new premises was £18,000.

REPLACEMENT OF OBSOLETE RADIO EQUIPMENT.

Because of financial restrictions the proposed renewal of the radio equipment on County ambulance vehicles was deferred. In order to comply with the requirements of the Postmaster-General it will be necessary to complete the supply and installation of the new equipment prior to 1964. The work will be done in two stages, as follows :—

Financial Year, 1962-63.

Fixed station, Eglwysilan.
 Nine mobile equipments, Bargoed.
 Seventeen mobile equipments, Pontypridd.
 Ten mobile equipments, Trealaw.
 Fixed station, Barry.
 Eight mobile equipments, Barry.

Financial Year, 1963-64.

Fixed station, Aberkenfig.
 Fourteen mobile equipments, Aberkenfig.
 Fixed station, Gorseinon.
 Nine mobile equipments, Gorseinon.
 Fixed station, Neath.
 Thirteen mobile equipments, Neath.

EMERGENCY POWER SUPPLY.

The Committee has approved the supply of suitable equipment to be installed in the coming financial year at Eglwysilan to provide emergency power supplies by means of which radio communication may be maintained during any failure of the local mains supply.

SHIP BUILDING AND SHIP REPAIRING REGULATIONS, 1960.

These regulations came into force on 31st March, 1961, and repealed a former regulation which required that, in any ship-building and ship-repairing yards where more than fifty persons were employed, ambulance transport provision should be made for the purpose of the removal of serious cases of accident or illness.

The effect of these regulations is to place the responsibility for the provision of ambulance transport on the Local Health Authority.

If similar changes are made in the statutory requirements for certain other classes of industrial undertakings, e.g. the National Coal Board, a considerable loss of income now derived from the use of County ambulance vehicles for the conveyance of injured workmen will result.

During the year 3,222 patients were carried on behalf of the National Coal Board, a distance of 47,150 miles.

OPERATIONAL DETAILS.

The figures for the work done by the County Ambulance Service continue to show an increase in the patients conveyed and miles travelled, but there was a reduction in the number of journeys.

MONTHLY TOTALS OF WORK DONE.

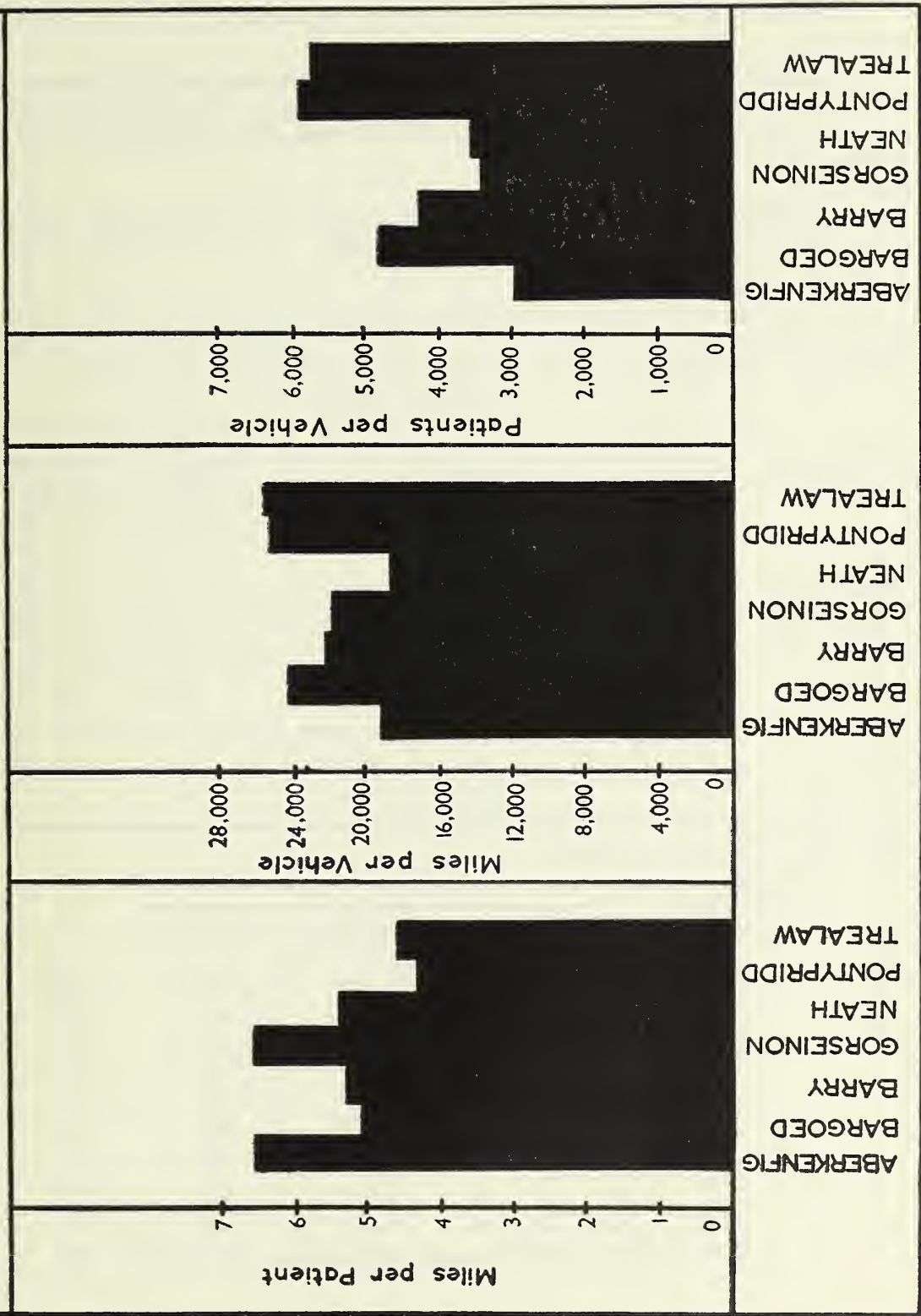
1961.	Patients.	Journeys.	Mileage.
January	30,266	5,284	154,174
February	27,291	4,633	137,681
March	30,984	5,071	154,263
April	27,617	4,739	138,557
May	30,667	5,215	152,683
June	30,907	5,197	154,277
July	29,259	4,871	147,319
August	26,129	4,896	140,832
September	28,944	4,994	147,352
October	30,883	5,123	151,610
November	30,051	5,184	149,847
December	24,825	4,866	135,650
Totals ..	347,823	60,073	1,764,245

COMPARATIVE SUMMARY OF WORK DONE.

Control Station.	1960.			1961.		
	Journeys.	Patients.	Mileage.	Journeys.	Patients.	Mileage.
Aberkenfig ..	9,574	40,207	250,342	9,373	40,896	264,642
Bargoed	7,117	39,629	204,418	7,016	42,846	215,252
Barry	7,003	32,660	174,355	6,726	33,567	175,749
Gorseinon ..	6,438	30,445	190,736	6,219	29,911	193,674
Neath	10,218	46,753	225,772	9,863	44,595	237,607
Pontypridd ..	13,029	93,410	444,055	12,070	99,538	426,051
Trealaw	8,911	55,848	246,667	8,806	56,470	251,270
Totals ..	62,290	338,952	1,736,345	60,073	347,823	1,764,245

The graph shows a comparison of the work undertaken in the Ambulance Control areas, based on the average number of miles each patient was carried, the number of miles each operational vehicle travelled during the year and the number of patients conveyed per vehicle operated. From this it will be seen that the heaviest burdens fell on the Pontypridd and Trealaw Control areas where 5,855 and 5,647 patients per operational vehicle were conveyed and where the average number of miles each operational vehicle travelled during the year amounted to 25,062 and 25,127 respectively.

OPERATIONAL DETAILS FOR ALL CONTROL AREAS — 1961



The greatest pressure on the Service is caused by out-patients attending hospital for consultation or treatment.

Without the continued co-operation of the Group Secretaries of the Hospital Management Committees and the assistance of Hospital Secretaries and staffs, the work of the Ambulance Service would have been even more difficult. There has been a sincere desire to co-operate in experiments to find satisfactory solution to mutual problems.

COST OF SERVICE.

The overall cost per mile of 2s. 11·38d. showed an increase of about $\frac{1}{2}$ d. per mile compared with that for the previous year which amounted to 2s. 10·75d. per mile.

DAMAGE TO VEHICLES.

The vehicle accident rates for 1960 and 1961 classified in Control Areas are set out in the following table, which shows that ambulance vehicles were involved in eighty-nine accidents in 1961, an increase of three on the previous year :—

ACCIDENT RATES.

1960.				1961.			
Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.	Control Area.	No. of operational vehicles.	No. of Accidents.	Accident Incidence per 10,000 miles.
Bargoed ..	9	6	0·293	Bargoed ..	9	7	0·325
Gorseinon ..	9	9	0·472	Barry ..	8	7	0·398
Trealaw ..	10	12	0·476	Trealaw ..	10	11	0·438
Barry ..	8	9	0·516	Aberkenfig ..	14	13	0·491
Pontypridd ..	17	23	0·516	Pontypridd ..	17	24	0·563
Neath ..	13	12	0·527	Gorseinon ..	9	12	0·619
Aberkenfig ..	14	15	0·599	Neath ..	13	15	0·631

CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail since 1954 :—

	Recumbent.	Sitting Up.	Total.
1954	55	190	245
1955	47	133	180
1956	34	149	183
1957	41	152	193
1958	36	152	188
1959	33	142	175
1960	42	121	163
1961	31	171	202

The rail mileage involved in these journeys totalled 24,958.

The provision of ambulance transport to and from the railway stations between which the 202 patients included in the above table were conveyed last year, facilitated their journeys and the arrangements made with other ambulance authorities and with the British Railways were most effective and economical.

CIVIL DEFENCE.

(a) A qualifying and re-qualifying course for local instructors in the Ambulance and First Aid Section was held between 5th April and 31st May. Seventeen candidates were successful in passing the examination held at the end of the course.

(b) The hard-core of volunteers still remaining in the section retain their interest in Civil Defence. At large-scale exercises and at the smaller local exercises the Ambulance and First Aid Section has never failed to provide its quota of enthusiastic and skilled drivers and attendants.

It is pleasing to note that most of the Area Ambulance Superintendents and their Assistants make a very useful contribution to the training of the volunteers and have given up much time to the work involved in the preparation of local exercises for members of the Section.

(c) *Exercise Gemini.*

On 11th June, at Bridgend, over 1,500 personnel and vehicles took part in this large-scale County exercise in which all sections of the Civil Defence Corps were involved. The Ambulance and First Aid Section operated for the first time on the basis of an Ambulance Column. The exercise proved worthwhile and was, to a large extent, successful.

SECTION 28.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS.

TABLE I.—NOTIFICATIONS.

Year.	Pulmonary.		Non-Pulmonary.	
	Notification.	Rate per 1,000 population.	Notification.	Rate per 1,000 population.
1940	975	1.36	332	0.46
1945	1,010	1.45	283	0.41
1950	923	1.25	196	0.27
1951	831	1.14	179	0.24
1952	832	1.14	149	0.20
1953	956	1.30	120	0.16
1954	761	1.03	126	0.17
1955	716	0.97	113	0.15
1956	618	0.84	75	0.10
1957	572	0.77	82	0.11
1958	499	0.67	62	0.08
1959	450	0.60	66	0.09
1960	415	0.56	60	0.08
1961	356	0.48	49	0.07

The greatest pressure on the Service is caused by out-patients attending hospital for consultation or treatment.

Without the continued co-operation of the Group Secretaries of the Hospital Management Committees and the assistance of Hospital Secretaries and staffs, the work of the Ambulance Service would have been even more difficult. There has been a sincere desire to co-operate in experiments to find satisfactory solution to mutual problems.

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TUBERCULOSIS.

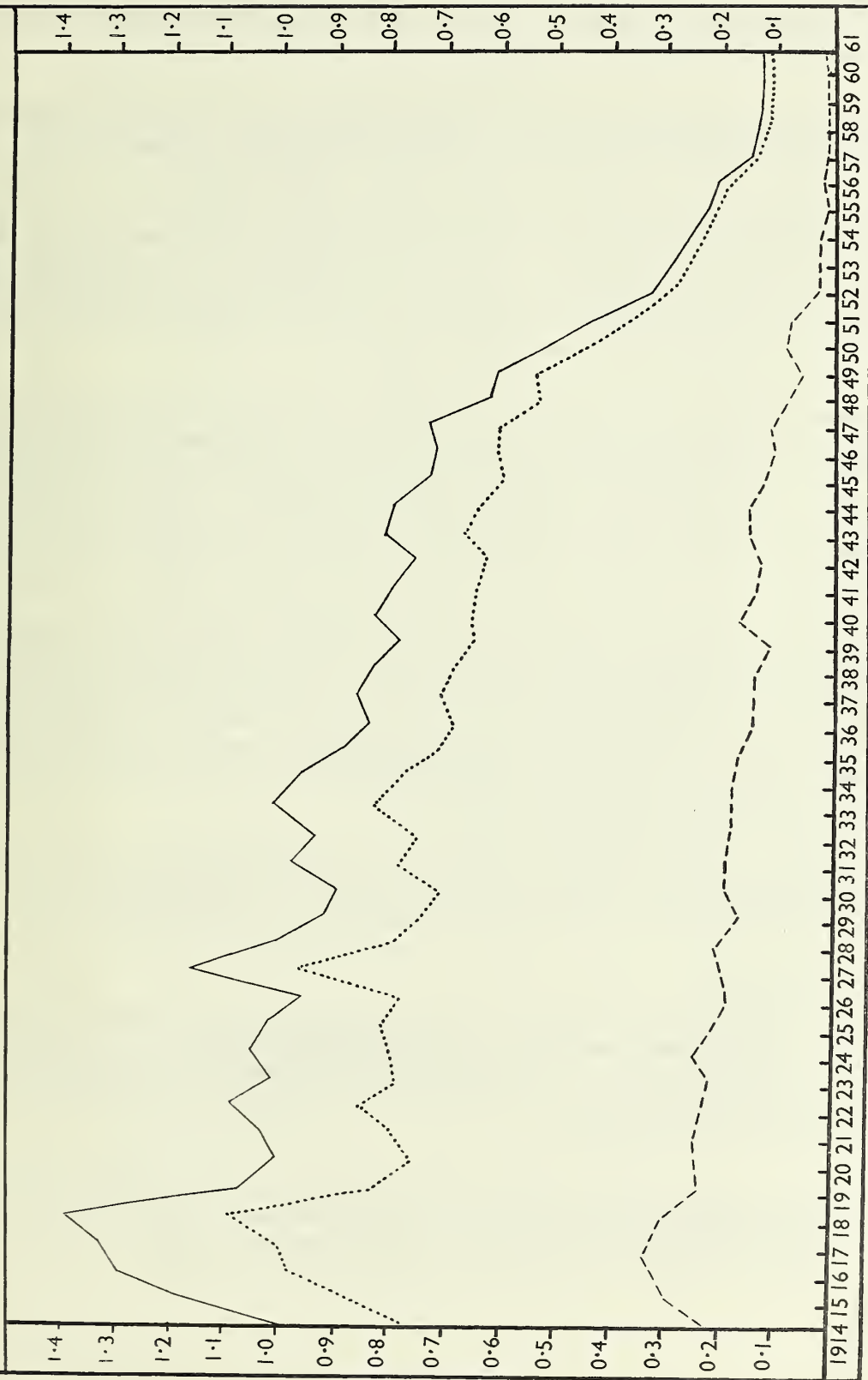
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1960	415	0·56	60	0·08
1961	356	0·48	49	0·07

TABLE II.—DEATHS.

Year.	Pulmonary.					Non-Pulmonary.				
	Total Deaths in Glam.	Death Rate per 1,000 population.				Total Deaths in Glam.	Death Rate per 1,000 population.			
		Urban.	Rural.	Total Glam.	England and Wales.		Urban.	Rural.	Total Glam.	England and Wales.
1940	477	0·70	0·57	0·67	0·58	119	0·18	0·12	0·17	0·11
1945	416	0·64	0·49	0·60	0·52	92	0·15	0·09	0·13	0·10
1950	325	0·47	0·37	0·44	0·32	58	0·07	0·10	0·08	0·04
1951	280	0·41	0·31	0·38	0·27	48	0·07	0·05	0·07	0·04
1952	218	0·32	0·25	0·30	0·21	20	0·03	0·02	0·03	0·03
1953	202	0·27	0·30	0·27	0·18	23	0·03	0·03	0·03	0·02
1954	181	0·24	0·26	0·25	0·16	21	0·03	0·02	0·03	0·02
1955	162	0·22	0·22	0·22	0·13	9	0·01	0·005	0·01	0·02
1956	139	0·20	0·17	0·19	0·11	12	0·02	0·01	0·02	0·01
1957	102	0·14	0·14	0·14	0·09	11	0·01	0·02	0·01	0·01
1958	98	0·14	0·12	0·13	0·09	12	0·02	0·01	0·02	0·01
1959	87	0·11	0·12	0·12	0·08	5	0·01	0·01	0·01	0·01
1960	90	0·14	0·08	0·12	0·07	5	0·01	0·01	0·01	0·01
1961	88	0·12	0·11	0·12	0·06	5	0·01	0·01	0·01	0·01

TUBERCULOSIS DEATH RATES



— Tuberculosis (all forms)
 Pulmonary Tuberculosis
 - - - Non - Pulmonary Tuberculosis

INCIDENCE.

As will be seen from Table I on p. 53, pulmonary tuberculosis notifications in Glamorgan show a further welcome fall in 1961 from 415 to 356.

There was a slight fall in the deaths from pulmonary tuberculosis, the number being 88, compared with 90 in 1960. The number of deaths from non-pulmonary tuberculosis (5) showed no change.

Formerly attacking the 15-25 years' age group, pulmonary tuberculosis is now more commonly found in persons of middle age and upwards. The need of prompt diagnosis and early treatment is as vital as ever in the control of this infectious disease. Contact tracing and examination is also of prime importance and, in this work, the Health Visiting staff co-operate with the Chest Physicians in endeavouring to secure the attendance of contacts at the chest clinic as well as in advising the patient and members of the household on measures to be taken to prevent risk of further infection.

In the Rhondda, Dr. Morley-Davies is undertaking another survey in conjunction with the Medical Research Council Epidemiological Research Unit. This survey, which forms part of a national survey, is being done in the Upper Rhondda Fawr "where school children are skin tested with a view to ascertaining the extent to which other factors influence the spread of infection". Although he reports that the co-operation of parents is outstanding in the area in which the special survey is being done, Dr. Morley-Davies comments on the disappointingly low rate of acceptance for thirteen-year old children for B.C.G. vaccination. He states that on the day doctors visit schools for B.C.G. vaccination the absentee rate is usually high.

Mass Radiography plays an important part in the discovery of cases of pulmonary tuberculosis and brings to early notice a fair number of patients in whom the condition might have remained undetected. The fact that the County home nurses paid 21,374 visits to tuberculous patients indicates the contribution made by this service to the nursing treatment and care of patients undergoing domiciliary treatment. In addition home help was provided to forty-five households where there was a patient suffering from tuberculosis and 10,622 visits were made to tuberculous households by health visitors, who work in close co-operation with chest physicians in the tracing of contacts.

Three-elevenths of the time of the chest physicians is regarded as being devoted to preventive work for the Local Health Authority. During occasional conferences I have held with these officers I have been satisfied that the many preventive aspects of their work are kept very much to the fore.

B.C.G. VACCINATION.

B.C.G. vaccination was administered by the chest physicians to 2,075 contacts of patients in their care. School children contacts numbering 80 were also vaccinated with B.C.G. by assistant school medical officers. In addition 7,698 children, a decrease of 525 over the previous year, were vaccinated by assistant school medical officers under arrangements first introduced for school leavers in 1953 and extended in 1959 to older school children and students.

Following receipt of Circular 6/61 from the Welsh Board of Health (30th January, 1961), the Committee authorised the extension of the scheme for B.C.G. vaccination so that this protection should be offered to children between ten and thirteen years of age in appropriate cases.

The following tables show details of the work done in each division and by the chest physicians :—

B.C.G. VACCINATION.

Division.	School children scheme.				Students attending further education establishments.			
	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
Aberdare and Mountain Ash	772	152	619	619	16	4	12	12
Caerphilly and Gelligaer ..	1,999	208	1,791	1,356	66	57	9	6
Mid-Glamorgan	1,450	238	1,212	1,212	—	—	—	—
Neath and District	394	46	347	343	—	—	—	—
Pontypridd and Llantrisant	893	284	557	546	—	—	—	—
Port Talbot and Glyncoirwg	825	136	689	682	—	—	—	—
South-East Glamorgan ..	1,997	464	1,498	1,488	—	—	—	—
West Glamorgan	745	133	586	579	11	3	8	8
Rhondda	1,205	205	850	847	—	—	—	—
Totals	10,280	1,866	8,149	7,672	93	64	29	26

CONTACT SCHEME.

Chest Physician.	Number skin tested.	Number found positive.	Number found negative.	Number vaccinated.
Dr. T. W. Davies (Swansea)	121	10	111	109
Dr. R. G. Prosser-Evans (Neath and Port Talbot)	247	34	213	174
Dr. H. Trail (Bridgend)	846	174	623	635
Dr. E. A. Aslett (Merthyr and Aberdare)	512	308	215	129
Dr. J. Glyn Cox (Pontypridd and Rhondda) (includes 150 new-born babies not mantoux tested before vaccination)	1,189	150	691	848
Prof. F. Heaf (Rhymney and Sirhowy)	154	29	125	117
Dr. S. H. Graham (Cardiff)	66	3	63	63
Divisional Medical Officers	80	—	80	80
Totals	3,215	708	2,121	2,155

The following report has been made by Dr. C. J. Revington, Divisional Medical Officer, Caerphilly and Gelligaer Health Division :—

Serial Tuberculin Skin Sensitivity Testing.

At the commencement of 1961 it was decided to embark upon a serial tuberculin skin sensitivity survey among the school children in this Division. Accordingly, an explanatory letter was issued to the parents of all children inviting them to give permission for skin testing to be carried out at yearly intervals.

As soon as permission was received testing was commenced at the Caerphilly end of the valley.

The survey involved a visit to individual schools for the skin testing of all children for whom permission had been obtained, and a further visit a week later for the reading of the result. The test was performed with a Heaf gun using P.P.D. 2 mg./ml. At the commencement re-visits were also made in an attempt to attain 100 per cent cover by testing those who were absent at the first visit. This practice had to be discontinued owing to the time that was consumed. The total acceptances were 12,219 (86.1 per cent), and in all during the year 9,691 children were skin-tested, there being 2,528 children either absent at the time of testing or at the time of re-visit for reading. The following tables show the results of this survey.

GENERAL RESULTS.

TABLE I.

Total school population	14,207
Total acceptances	12,219
Absent	2,528
Total tested	9,691
Total negatives	7,833
Total positives (all causes)	1,858
Positives due to B.C.G. only	1,247
Positives due to causes other than B.C.G.	611
Positives all causes expressed as a percentage of totals tested	19.2
Positives due to B.C.G. expressed as a percentage of totals tested	12.9
Positives due to causes other than B.C.G. expressed as a percentage of totals tested	6.3
Positives due to B.C.G. expressed as a percentage of total positives	67.1
Positives due to causes other than B.C.G. expressed as a percentage of total positives	32.9

FIGURES SHOWING TOTAL POSITIVES AND TOTAL NEGATIVES IN EACH AGE GROUP,
ALSO EXPRESSED AS A PERCENTAGE OF THE TOTAL TESTED IN EACH AGE GROUP.

TABLE II.

Age group.	Number tested.	Total negative.	Negatives expressed as a percentage of total tested in age group.	Total positive.	Positives as a percentage of total tested in age group.
3+	879	815	92.7	64	7.3
6+	842	781	92.8	61	7.2
7+	862	796	92.3	66	7.7
8+	839	761	90.7	78	9.3
9+	902	812	90.0	90	10.0
10+	909	797	87.7	112	12.3
11+	959	844	88.0	115	12.0
12+	921	792	86.0	129	14.0
13+	965	831	86.1	134	13.9
14+	865	457	52.8	408	47.2
15-20	748	147	19.7	601	80.3
Total ..	9,691	7,833	80.8	1,858	19.2

FIGURES SHOWING POSITIVES BROKEN DOWN AS B.C.G. POSITIVES AND NATURAL POSITIVES BY AGE GROUP, ALSO EXPRESSED AS A PERCENTAGE OF THE TOTAL TESTED IN EACH AGE GROUP.

TABLE III.

Age group.	Number tested.	Positive due to B.C.G.	B.C.G. Positives as a percentage of total tested in age group.	Other Positives.	Other Positives as a percentage of total tested in age group.
3+	879	52	5.9	12	1.4
6+	842	41	4.9	20	2.4
7+	862	46	5.3	20	2.3
8+	839	49	5.8	29	3.5
9+	902	56	6.2	34	3.8
10+	909	57	6.3	55	6.1
11+	959	48	5.0	67	7.0
12+	921	46	5.0	83	9.0
13+	965	50	5.2	84	8.7
14+	865	303	35.0	105	12.1
15-20	748	499	66.7	102	13.6
Total ..	9,691	1,247	12.9	611	6.3

Because of the relatively small numbers in the individual age groups 3-plus, 4-plus, and 5-plus, and also in the age groups 15-plus, 16-plus, 17-plus, 18-plus, and 19-plus, it was thought best to combine these respective groups in order to give a statistically adequate total.

The graph on page 61 shows the total positives, natural positives, and B.C.G. positives, all expressed as a percentage of the totals tested in each age group.

One of the features which arose from this survey was the increase in the percentage of naturally occurring positives between the 9-plus and 10-plus age groups, namely 3·8 per cent to 6·1 per cent, and between the 13-plus and 14-plus age groups, namely 8·7 per cent to 12·1 per cent.

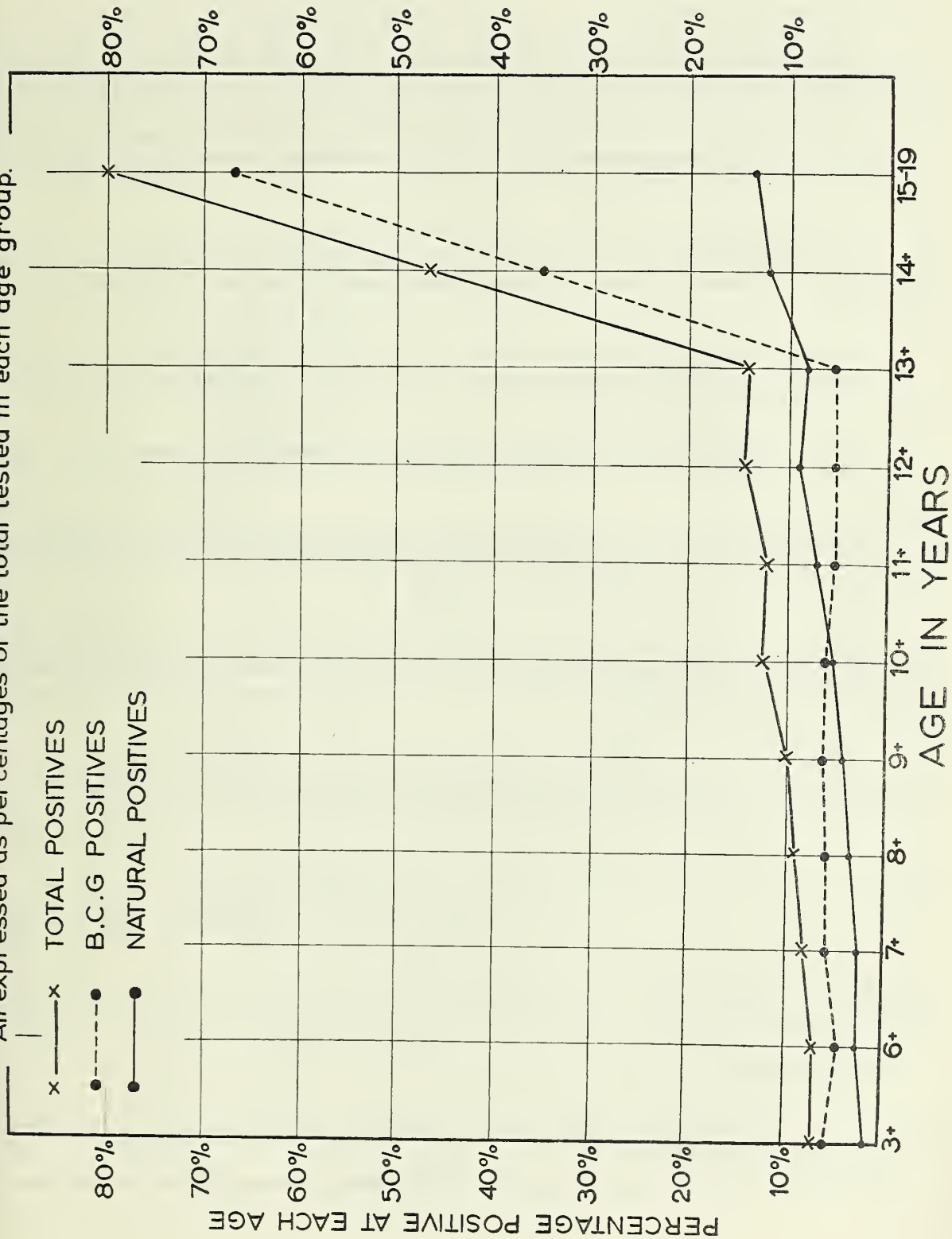
The B.C.G. positives show little change from year to year except when the figures become distorted by the introduction of the school B.C.G. vaccination programme at the 14-plus age groups when the percentage of B.C.G. positives in the 14-plus and 15- to 20-year groups rose to 35 per cent and 66·7 per cent.

Following the skin testing survey in each area, children showing a positive result of whatever degree, that could not be ascribed to B.C.G. vaccination were referred to the Chest Clinic for X-ray. In some areas where similar surveys have been carried out it has been thought necessary only to X-ray those naturally occurring positives falling into the Heaf grade 3 and 4 groups, but after consultation with Professor F. Heaf, who is Acting Chest Physician for this Division, it was decided that it would be in the best interest of the community to X-ray all natural positives. Unfortunately, however willing the local chest clinics were to co-operate in this survey it was not possible for them to cope with the numbers concerned because of the acute shortage of radiographic staff.

However, the Mass Miniature Radiography Service kindly consented to holding four sessions at Cwmifor Junior School and the Divisional Health Office, Ystrad Mynach, for the lower half of the Valley, and at Nelson Clinic and Bargoed Grammar/Technical School for the upper half. Considerable thanks are due to the County Education Department and Head Teachers for their co-operation in arranging these sessions. In all, 605 children were referred for X-ray but only 486 attended, representing 80·3 per cent of those referred. Eleven were found to show abnormalities but only four were referred to the Chest Physician for treatment. One of the latter, a new case of pulmonary tuberculosis, is at present in hospital.

Whilst it may seem that the numbers having abnormalities and requiring treatment are very small in comparison with the amount of work involved in conducting a survey of this nature, there are several aspects of this that have to be considered. Although it is patently advantageous to discover cases of active tuberculosis amongst school children, this is not the primary aim of this survey. The continuation of this work enables the school health authorities to gain a fairly accurate index of the state of tuberculous infection in the population as a whole, since the children are likely to reflect the state of health of the adult population amongst whom they live. Any marked rise in the percentage of naturally occurring positives in one or more area would indicate the need for an intensive search amongst the adult population of those areas for the source of infection. Indeed, it was hoped that it would have been possible to carry out comprehensive domiciliary visits to those families in which a naturally occurring positive reactor was discovered. Unfortunately, owing to the marked shortage of health visitors in this Division this was not possible. It is important, however, that in succeeding years such visiting should be carried out in those cases converting from negative to positive reaction."

Showing total positives, natural positives, & B.C.G positives,
All expressed as percentages of the total tested in each age group.



ISSUE OF MEDICAL COMFORTS.

The demand for medical comforts continued. 4,810 issues of various items were made, compared with 5,245 in 1960. This involved some addition to the work of the home nurses who keep stocks of most nursing requisites for issue, free on loan, on medical recommendation to patients being nursed at home. Beds, bed-rests, wheel-chairs, and other larger items are issued from the Divisional Health Offices. This little-advertised service, by making nursing requisites readily available, adds to the comfort of the patient and eases the burden of those members of the family who undertake the care of the patient during intervals between the visits of the home nurse.

AFTER-CARE OF PARAPLEGICS.

Industrial injuries and road accidents resulting in paraplegia bring requests from the orthopaedic hospitals for the provision of special equipment necessary for the nursing care of the injured on discharge from hospital.

Nine applications were dealt with during the year. Co-operation was maintained with the Director of Welfare Services in these and other cases where the patient's place of residence required any structural adaptation to increase comfort or mobility.

District Councils were, as usual, particularly helpful in arranging for the re-housing of paraplegic patients into accommodation more suitable to the needs of this most unfortunate group.

INCIDENCE OF BLINDNESS.

The work of examining all applicants for inclusion in the Registers of Blind and Partially-Sighted persons maintained by the County Director of Welfare Services has continued. During the year 859 examinations were carried out, 465 being first examinations.

Following the retirement in January, 1961, of Dr. Moreen Whelton, who for many years had undertaken the examinations in the western end of the County, arrangements were made with Mr. Roy Thomas, F.R.C.S., and Mr. Geoffrey Hibbert, F.R.C.S., to examine persons referred in the West Glamorgan, Neath, and Port Talbot Divisions.

Owing to the age and infirmity of the patients many examinations were carried out at their homes. Some indication of the prevalence of the various causes of disability is given by the following :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.				Total.
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Others.	
(1) Number of examinations during 1961	—	—	—	—	859
(2) Number of persons registered as blind or partially sighted during 1961	177	41	—	191	409
(3) Number of persons at (2) recommended for :—					
(a) No treatment	46	10	—	115	171
(b) Treatment (medical, surgical or optical) ..	131	31	—	76	238
(4) Number of persons at (3) (b) who on follow-up action have received treatment	10	15	—	21	46

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,134 persons on the Blind Register and 655 on the Partially-Sighted Register.

Arrangements for the home teaching, visitation, and social welfare of these persons are made by the Welfare Services Department.

B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year								5
(ii) Number of cases in which—								
(a) Vision lost	..	..	..	..	..	..	..	Nil
(b) Vision impaired	..	..	..	..	..	..	..	Nil
(c) Treatment continuing at end of year	..	..	..					Nil

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 280 Glamorgan patients to the Porthcawl Rest under this scheme, but only 220 actually accepted the vacancies when offered.

HEALTH EDUCATION.

The greatest opportunities for health education occur in the clinics, where increasing use is made of film strips, group talks, and various forms of demonstration material. Much depends upon the interest and activity of the health visitors, many of whom appreciate the need for special efforts in this field if they are to gain and retain the confidence of the mothers.

Ample supplies of posters and leaflets are available at all clinics and special topics are introduced from time to time. Talks to various voluntary and other bodies have been given during the year by senior officers of the Department.

The work of the Health Department and that of the Divisional Health Committees received good local press publicity during the year, particularly about poliomyelitis vaccination and other branches of activity where it was most desired.

Following the introduction of the Mental Health Act there was a considerable interest shown in the Authority's functions under the Act and, at the request of interested groups, lectures were given by Dr. Bevan and Dr. Gwladys Evans on this subject.

SMOKING AND CANCER OF THE LUNG.

There were 270 deaths from cancer of the lung in 1961, compared with 279 in 1960.

No special forms of propaganda were undertaken on this subject.

In my annual report for 1959 I stated that the public seemed to have neglected the warning implied in the Medical Research Council's findings on the association between smoking and lung cancer. No local authority can hope to compete unaided with the widespread and skilful publicity now devoted to encouraging the sale of tobacco and cigarettes and one is forced to the conclusion that there has been no change in the smoking habits of the population.

CHIROPODY SERVICE.

At the end of the year one whole-time and five part-time or sessional chiropodists were engaged in this Service in seventeen centres. The Service is very slow in developing and will remain so until the Registration Board to be set up under the Medical Auxiliaries Act has been established. The organisation of a complete Service, even for the present priority groups, will depend upon the availability of chiropodists and is likely to be a costly business because most patients seem to require further treatment at regular intervals, thus limiting the number of new patients that can be seen at any session.

Until the Authority is able to make arrangements to provide its own Chiropody Service in the areas concerned, grants were made to the following voluntary organisations, who are at present providing a chiropody service in their area :—

Neath W.V.S.	..	..	..	..	£50.
Barry Nursing and Samaritan Fund	..				£100.

The free use, on a strictly temporary basis, of a room at the Ystrad Mynach clinic premises has been granted to the local Old Age Pensioners' Association for the purpose of holding a chiropody clinic.

Mr. L. G. Burland, M.Ch.S., has submitted the following report on his work as whole-time chiropodist :—

"During the past twelve months, the following number of patients has received treatment under the County Chiropody Scheme—

<i>Old Age Pensioners.</i>	<i>Handicapped Persons.</i>	<i>Blind Persons.</i>	<i>Expectant mothers.</i>	<i>Diabetics.</i>	<i>Others.</i>
3,055	227	65	9	68	9

The demand for treatment is now so great that there is a long waiting period before new patients can be seen.

As a result of this, the average time before patients can have further treatment is now in the region of four months.

The chief reason for this, is the inability to recruit suitably qualified chiropodists ; however, it is hoped that with the publishing of the *Chiropody Register, Professions Supplementary to Medicine*, that more staff will readily become available.

The number of diabetic patients presenting themselves for treatment is such that they could well do with having a one-day clinic set aside for them.

Of five patients suspected of having diabetes, on test, two proved to be positive—this leads me to believe it would eliminate this contingency if each patient were so tested immediately prior to treatment.

Of the many patients sent for treatment, some had to be referred back to their own doctor for special examination. Such cases were, two with intermittent claudication, three with suspected fractures, two with incipient gangrene, one with cellulitis, one with osteogenic neoplasm, two with calcaneal spur, one with neuropathic dyskeratosis and seven with diabetic manifestations."

CO-ORDINATION COMMITTEES.

These Committees continue their useful, if unspectacular, work in the Health Divisions. They usually meet at two-monthly intervals and are attended by those officials, including representatives of voluntary bodies, who are directly interested in the supervision of the families under discussion.

The Committees have been in operation since 1951. They exercise supervision over a hard core of families, some of whom have been under surveillance for many years. It would be extremely difficult to evaluate the results obtained in the efforts to assist some of these cases. Where improvement is not readily discernable after long periods of intensive effort on the part of the health visitors and other social workers concerned, something is being achieved when further deterioration of standards is halted or prevented.

CARE OF THE AGED.

The proportion of the aged in the community continues to increase. The Registrar-General's most recent estimates of the over-65 population shows that as at 30th June, 1960, of the total estimated population of 747,490 in Glamorgan 79,700 persons were 65 years and over.

The number of healthy old people and the number who could be classified as infirm or chronic sick are not known.

The special needs of these groups vary, but it is extremely doubtful whether any of the domiciliary services which have been established by Local Health Authorities are adequate to supply the help required. The chiropody service is slow in expanding and many divisions have stressed the need to give more home help to the aged and chronic sick.

There were no innovations on the domiciliary side in 1961.

The appointment of Consultant Geriatricians by the Welsh Hospital Board has brought about a more direct link between the General Practitioners, Local Health Authority and Hospital Services in the effort that is now being made to improve the health and welfare of the ever increasing number of elderly persons living in the County.

Day centres for physiotherapy and other forms of rehabilitation have been established by some of the hospital management committees, thus giving interest, fresh hope, and a new outlook to those for whom very little has been done previously. As more centres are established a greater burden is thrown on the Ambulance Service, which at times finds difficulty in meeting these additional demands.

For the aged in the community a worth-while interest or hobby is of paramount importance in keeping them occupied. Safeguards against accidents, particularly in the home, are essential to their care and an adequate and properly balanced diet are needed to ensure their good health.

The shortage of health visiting staff limits the amount of time which can be given to visiting the aged and, in most divisions, visiting has to be done on a selective basis. To a lesser extent, similar circumstances apply to the Home Help Service which never fails to provide a modicum of assistance for aged persons needing it.

Most of the home nurses' time is taken up with the care of the aged and infirm who by being nursed in their own homes are able to remain in familiar surroundings rather than be admitted to hospital.

If the aged in the community are to receive the support and home care which so many of them require, increases in the Home Help and Home Nursing Services will be inevitable in the years to come.

The W.V.S. is doing excellent work in the areas where the "Meals on Wheels" service has been introduced. In Glamorgan the service is gradually being extended but is still limited in scope.

As I have said in previous reports, a laundry service, free or at reduced rates, would be an invaluable boon to the aged.

HOME SAFETY.

The fact that twenty-three deaths a day in this country are caused by home accidents shows how much real danger lurks in the ordinary household, particularly for small children and the elderly adult. The carelessness of adults in leaving dangerous tablets or fluids within reach of the curious toddler may result in very unpleasant, if not fatal results.

Complacency, rather than active prevention, appears to be the accepted attitude of the public about the risks of accidents in the home or accidents on the road.

Injury or death from poisoning, from burns, or from falls in the home takes far too great a toll of young and old. An alteration of outlook, as well as greater care and vigilance are necessary on the part of adults if "safety in the home" is to become more than an empty slogan.

Health visitors during their routine visits to homes advise on the precautions which should be taken against the risks of accidents, but their visits are to selected households and an intensive campaign is not possible because of the shortage of health visitors.

The figures in the table on p. 95 show the number of deaths by violence in Glamorgan in the various age groups during 1961. This table does not, of course, give the number of people who sustain accidents in the home and who suffer consequent pain and incapacity for varying periods.

ROAD SAFETY.

Figures furnished by the Chief Constable show that 8,178 accidents occurred on roads in the Administrative County during 1961, an average of 22.4 per day.

Of the 4,208 resulting casualties, 89 were fatal, i.e. 11 more fatal casualties than in 1960 and an increase of 121 in the total number of casualties.

Pious hopes and exhortations about the need for road safety seem to have little effect on the steadily mounting toll of death and disablement.

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFF.

During the year, of the 1,415 new entrants to the County service, 201 were referred for medical examination and 776 for chest X-ray examination. These figures included 278 new entrants to the County teaching service, of whom thirty-two were referred for medical examination and 240 for chest X-ray examination.

Eighty new entrants to the teaching profession were medically examined. This number included twenty-two on behalf of other authorities. In addition, 470 candidates were medically examined as to fitness for admission to courses of training for teachers.

Four-hundred-and-thirteen miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.), were also made during the year.

R.A.F. HOSPITAL, ST. ATHAN.

In spite of protests made by the County Council and a joint meeting of Local Authorities and members of the medical profession, this hospital, which had rendered considerable service to the civilian community in recent years, was closed for the admission of civilian patients on 31st December, 1961.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this Service on 31st December, 1961, was 293½. Actually there were on the payroll on that date, 21 whole-time, 468 part-time, and 195 casual home helps.

Mrs. N. O. Parry is the County Organiser of Home Helps and there are two assistant organisers who work in the Mid-Glamorgan and Rhondda Health Divisions respectively. In some other divisions the Non-Medical Supervisors of the Midwifery and Home Nursing Service undertake the supervisory duties in connection with this Service, but in the remaining divisions the work is allocated between these officers and the Divisional Superintendent Health Visitors.

79·6 per cent of the time of home helps was devoted to the chronic sick and the aged, compared with 61·6 per cent in 1952. The total number of cases attended in all categories last year was 4,129, an increase of 286 over the number for 1960. As the population becomes older, the number of aged and infirm will increase and require additional help.

A national award which reduced the number of working hours of home helps from 44 to 42 hours weekly became operative on 1st January, 1961, and the County Council authorised the establishment of home helps to be increased by 13½ to maintain the Service at the 1960 level.

The growth of the Service in terms of increases in the establishment of home helps is shown below :—

<i>Year.</i>	<i>No. of Whole-time Home Helps (whole-time equivalent).</i>	<i>Remarks.</i>
1948 ..	177	Based on one Home Help to 3,500 population.
1950 ..	243	Increase based on one Home Help to 3,000 population.
1955 ..	268	Increase based on one Home Help to 2,750 population.
1958 ..	272½	Increase due to weighting for aged and chronic sick.
1959 ..	280	Increase on basis of 5 hours help weekly for aged and chronic sick.
1961 ..	293½	Reduction of working week from 44 to 42 hours.

In adjusting the establishment to meet the demands for this Service, the Committee have had regard to the difficulties which have arisen in dealing with the aged and chronic sick who form the largest group in need of home help. Often help can be provided in emergency for the acutely sick or for maternity cases, only by reducing the time given to the aged.

Unfortunately there are no reserve resources to call on and the following brief comments of Dr. Kathleen Davies (Mid-Glamorgan Health Division) could apply to all divisions :—

“As in previous years, the increasing number of cases being provided with help has meant a general reduction in the hours of help given to each household, and at times there has been insufficient help available to meet the needs of the applicants.”

Further expansion of this Service seems inevitable, although the optimum establishment cannot readily be ascertained. A case could probably be made for an improved service at week-ends for the domestic needs of “clients” are not restricted to a five-day week and there is no clear evidence for supposing that help from relatives or friends is more readily available at week-ends than during week days.

Requests from Health Divisions to employ home helps on bank holidays have been more frequent in recent years and may indicate a trend towards the necessity of making the service available throughout the week. Having drawn attention to this, I would not wish to deprecate the excellent way in which countless sons and daughters quietly accept responsibility for the care of aged parents. Without such filial devotion home help would have been required for far more than the 1,943 aged and infirm cases where help was provided in 1961.

During the year 218 home helps were appointed ; there were 235 resignations.

The following table gives the number of home helps in each category employed during certain selected years since the appointed day, and is of interest in showing the variation in the number of part-time and casual home helps during this period :—

Year.	Whole-time.	Part-time.	Casual.	Total.
1948	44	26	—	70
1950	105	153	27	285
1955	22	65	534	621
1956	17	53	551	621
1957	16	492	131	639
1958	17	569	90	676
1959	18	486	172	676
1960	19	462	220	701
1961	21	468	195	684

The following table shows the number of home helps employed in each division and the number and types of cases where help was provided during the year :—

HOME HELP SERVICE.

	Aberdare and Mountain Ash	Caerphilly and Gelligaer	Mid-Glamorgan	Neath and District	Pontypridd and Llantrisant	Port Talbot and Glyncorrwg	South-East Glamorgan	West Glamorgan	Rhondda	Total
No. of Home Helps employed at the 31st December, 1961—										
Whole-time ..	2	4	—	1	3	—	10	—	1	21
Part-time	47	34	92	54	34	43	53	27	84	468
Casuals	13	26	40	—	26	14	25	29	22	195
No. and types of cases where Home Help was provided during the year—										
Maternity	18	10	27	10	13	12	144	—	11	245
Tuberculous ..	3	2	4	5	7	2	8	1	13	45
Chronic sick ..	140	65	136	108	24	54	251	149	417	1,344
Acute sick ..	16	28	6	41	80	9	94	22	40	336
Aged and infirm ..	235	138	312	172	251	220	259	128	228	1,943
Blind	27	15	24	25	23	17	28	16	17	192
Mental	—	—	—	—	—	—	3	4	—	7
Others	1	—	1	—	2	2	1	3	7	17
No. of cases in which charges were made in accordance with the recovery scale—										
Whole fee charged	10	10	35	22	10	41	202	20	6	356
Part fee charged ..	31	63	99	26	24	87	213	30	52	625
Free service ..	399	185	376	313	366	188	373	273	675	3,148

Out of a total number of 5,070 domiciliary births recorded in the County last year, home help was supplied in only 245 households.

Free service was rendered in a total of 3,148 cases, part fee was charged in 625, and full fee in 356.

The corresponding figures for 1960 were—free cases 3,055 ; part fee, 484 ; and full fee, 304.

Home help was supplied to 245 maternity cases. This is an increase of thirty-four over the figure for 1960. The heaviest demand again arose in the South-East Glamorgan Division, where home help was provided in 144 maternity cases. Compared with the total number of cases attended by County midwives (5,033) home help was provided in very few (245) households and there is little doubt that many young parents find that the cost of the services of a home help is more than they feel justified in paying.

The cost of this Service increases steadily, as the following table shows :—

	1950-51	1955-56	1956-57	1957-58	1958-59	1959-60	1960-61
Authorised establishment	230	268	269	272½	272½	273	280
Actually employed on 31st March—							
Whole-time	95	22	19	20	15	16	21
Part-time	141	63	56	490	497	459	463
Casual	83	543	535	157	223	203	230
Actual expenditure	£46,407	£107,372	£120,485	£127,198	£131,184	£132,916	£142,089

The estimated expenditure on the Home Help Service for 1961-62 is £158,860.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1957.

Quarter ended	Maternity.		Tubercu- losis.		Chronic Sick.		Acute Sick.		Aged and Infirm.		Blind.		Mental.		Other.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1957.																
31st March ..	49	2.06	74	3.12	713	30.02	171	7.20	1246	52.46	105	4.42	—	—	17	0.72
30th June ..	50	2.05	67	2.74	750	30.73	175	7.17	1270	52.02	111	4.55	—	—	18	0.74
30th September	54	2.29	57	2.42	723	30.65	185	7.84	1216	51.55	115	4.87	—	—	9	0.38
31st December	47	1.94	53	2.18	741	30.49	183	7.53	1253	51.56	122	5.02	—	—	31	1.28
1958.																
31st March ..	70	2.72	56	2.17	812	31.52	206	8.00	1263	49.03	133	5.16	—	—	36	1.40
30th June ..	65	2.46	55	2.08	802	30.34	217	8.21	1346	50.93	137	5.18	—	—	21	0.80
30th September	50	1.93	51	1.97	825	31.90	191	7.39	1336	51.66	123	4.76	1	0.04	9	0.35
31st December	54	2.02	57	2.13	843	31.57	198	7.42	1304	48.84	145	5.43	2	0.08	67	2.51
1959.																
31st March ..	66	2.49	47	1.77	854	32.18	196	7.38	1303	49.09	130	4.90	1	0.04	57	2.15
30th June ..	65	2.34	46	1.66	934	33.61	189	6.80	1391	50.05	137	4.93	2	0.07	15	0.54
30th September	62	2.24	47	1.70	957	34.60	180	6.51	1364	49.31	144	5.21	2	0.07	10	0.36
31st December	53	1.91	41	1.47	971	34.93	162	5.83	1399	50.32	136	4.89	3	0.11	15	0.54
1960.																
31st March ..	58	1.99	46	1.58	1011	34.75	188	6.46	1449	49.79	135	4.64	2	0.07	21	0.72
30th June ..	84	2.74	52	1.70	1057	34.50	191	6.24	1515	49.46	140	4.57	2	0.07	22	0.72
30th September	91	3.01	52	1.72	1029	34.07	198	6.55	1497	49.55	137	4.53	2	0.07	15	0.50
31st December	71	2.34	41	1.35	1018	33.65	209	6.91	1536	50.78	133	4.40	2	0.07	15	0.50
1961.																
31st March ..	69	2.19	39	1.24	1039	33.05	228	7.25	1610	51.21	140	4.45	4	0.13	15	0.48
30th June ..	82	2.56	41	1.28	1098	34.22	229	7.14	1606	50.06	134	4.18	6	0.19	12	0.37
30th September	76	2.36	39	1.22	1080	33.59	220	6.84	1649	51.27	137	4.26	3	0.09	12	0.37
31st December	76	2.33	40	1.22	1075	32.76	229	6.98	1691	51.54	156	4.75	4	0.12	10	0.30

SECTION 51—MENTAL HEALTH SERVICE.

ADMINISTRATION.

(a) The Authority's powers and duties under the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. Dr. R. T. Bevan, my Deputy, handles the many problems that arise in the day-to-day administration of this branch of the Department's work.

Most of the examinations of mentally subnormal patients referred by the Education Committee are undertaken on behalf of the Local Health Authority by Dr. Gwladys Evans, the Senior Medical Officer.

As from 1st April, 1961, Miss Hilda B. Brown was appointed to co-ordinate the work of the occupation and training centres and the residential hostels associated with them.

(b) The names of the occupation and training centres provided by the Council and the supervisors in charge, are set out below :—

Aberaman	..	..	Miss M. E. Stephens.
Barry	..	..	Miss B. A. Jenkins.
Briton Ferry	..	..	Miss M. E. Grey.
Trealaw	..	..	Mr. D. T. James.
Ystrad Mynach	..	..	Miss D. M. John.

(c) MENTAL HEALTH OFFICERS.

In furtherance of the Council's policy gradually to increase their staff of health welfare officers, two additional officers were appointed in 1961, thus increasing the number from fourteen to sixteen. For the purpose of organising the work of the health welfare officers, the County has been divided into eight areas. One male and one female officer have been assigned to each area.

SCHEME FOR MENTAL HEALTH SERVICE.

During the year the Ministry's approval was given to the proposals made by the Council under section 28 of the National Health Service Act, 1946, for the Prevention of Mental Disorder and the Care and After-Care of Persons suffering from Mental Disorder. These proposals were outlined in last year's report.

OCCUPATION AND TRAINING.

Occupation centre provision for pupils residing within the Administrative County, and the age range of those attending are shown in the following tables :—

Centre	Accommodation	Numbers in attendance on 31st December, 1961		
		Male	Female	Total
Aberaman	55	28	19	47
Barry	75	31	39	70
Briton Ferry	75	39	35	74
Trealaw	75	37	27	64
Ystrad Mynach	75	51	22	73
Cardiff County Borough Centre ..	—	—	1	1
Swansea County Borough Centres..	—	11	1	12
Hensol Castle	—	4	1	5
		201	145	346

Centre	Aged 5-9		Aged 10-15		Aged 16 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Aberaman	—	2	12	8	16	9	28	19
Barry	7	7	7	11	17	21	31	39
Briton Ferry	5	4	19	10	15	21	39	35
Trealaw	7	7	13	5	17	15	37	27
Ystrad Mynach	7	1	18	6	26	15	51	22
Cardiff	—	—	—	1	—	—	—	1
Swansea	2	—	4	1	5	—	11	1
Hensol Castle	2	—	2	1	—	—	4	1
Totals	30	21	75	43	96	81	201	145

As the number of centres increase and the activities of the centres develop it is anticipated that more of Miss Brown's time would need to be devoted to work at or in connection with the centres or the residential hostels associated with them.

At the beginning of each term a conference of the centre supervisors is held. This provides opportunity for discussing various problems of common interest and has proved of value to the supervisors themselves and to the Department.

OFFICIAL OPENING.

Ystrad Mynach Occupation Centre.

The official opening ceremony of this Centre, which had been in use since the 5th September, 1960, was held on 6th November, 1961. County Councillor W. H. Lee formally opened the Centre and the Chairman of the Health Committee, County Alderman Thomas Evans, J.P., M.R.S.H., presided.

PROPOSED NEW CENTRES.

(a) Heol Persondy, Aberkenfig.

The Committee authorised the engagement of Messrs. Wilson and Cox, Cardiff, as architects in collaboration with the County Architect for the erection of a new occupation centre and hostel for mentally subnormal pupils at Heol Persondy, Aberkenfig.

By the end of the year a good deal of preliminary work had been done in connection with the planning of these premises but, unfortunately, negotiations for the requisition of the site had not been completed.

(b) Penllergaer.

A site approximately 0.5 of an acre in extent was released from Education to Health Service purpose at Penllergaer, on which it is proposed to build an occupation and training centre to deal with pupils from the West Glamorgan area.

(c) Hostel at Barry.

The Education Committee agreed to the appropriation of a nursery school site at Gladstone Road, Barry, for the erection of a hostel in connection with the adjacent occupation centre.

WAITING LISTS (OCCUPATION AND TRAINING CENTRE).

There are 108 persons on the waiting list for admission to an occupation or training centre. Most of these should be catered for when the proposed centres at Aberkenfig and Penllergaer have been built.

OCCUPATION AND TRAINING CENTRES.

*(a) Special Activities.**Open Days.*

Very successful open days were held on the dates shown below :—

Trealaw	..	..	..	17th July.
Barry	..	..	..	18th July.
Ystrad Mynach	..	..	..	19th July.
Briton Ferry	..	..	..	20th July.
Aberaman	..	..	..	25th July.

Dancing displays were given by some of the girls. Pupils and staff demonstrated some of the work undertaken at the centres and there was a sale of finished articles. These were of a high standard and were usually bought by relatives or friends of the pupils by whom they had been made.

On these occasions, as usual, many parents attended and showed considerable interest in the work that is being done generally at the centres.

Thanks to the help of Miss Brown and to the enthusiasm of the staff, there has been a considerable improvement in the work done by the pupils during the year.

Carol Services.

The annual Carol Service was held at each centre during the first fortnight in December, followed on 19th December by the Christmas party. The staff and voluntary helpers worked hard in preparation and on the actual day to make these functions successful and pleasurable for those who participated, as well as for the onlookers.

Combined Annual Outing.

A combined outing for the pupils and staffs of the Aberaman, Barry, Briton Ferry, Trealew, and Ystrad Mynach Occupation and Training Centres was held at Porthcawl on 13th June, 1961. The total number catered for was 287.

The staff worked well and willingly to make this outing an unqualified success. Thanks to their efforts and to the sympathetic help of the staff of the Coney Beach Restaurant, coupled with the generosity of Sir Leslie Joseph, who supplied free tickets for the funfair, the pupils had a most enjoyable day in good weather.

Gifts.

In my reports to the Special Health Services Sub-Committee during the year details have been given of the gifts presented for the benefit of pupils of the various occupation centres.

The items presented have been many and varied and among the donors were parents, relatives, or friends of the pupils, local firms, and voluntary organisations. This generosity is greatly appreciated by the supervisors and staff of the centres, who are encouraged by the knowledge that the work they are engaged in is attracting the sympathy and interest of the local community.

(b) IMPROVEMENTS.

Aberaman.

A long-overdue improvement was made to the approach road to this centre, making access by pedestrians and vehicles much less hazardous than in the past. The old high brick boundary walling at the rear of the centre collapsed, but its replacement by a dwarf concrete wall with chain link fencing on top has been postponed until the next financial year.

Briton Ferry.

Following a visit made by the Chairman of the Special Health Services Sub-Committee to this centre, the Committee authorised the following items of work :—

- (a) The provision of a urinal for the nursery class.
- (b) The provision of low fencing on each side of the premises (with gate on nursery side).
- (c) (i) The provision of sliding doors for the sink units in the kitchen.
(ii) Paintwork to be finished.
- (d) The provision of slat shelving in certain cupboards.
- (e) Treatment of dado in dining hall.
- (f) Provision of blinds for classrooms and supervisor's room and provision of blackout for the dining room.
- (g) Radiators to be enclosed with mesh in nursery corridors and dining room.
- (h) Tar macadam around woodshed and at rear of premises.

CONVEYANCE OF PUPILS.

It was not found possible to put into operation a proposed new system of transporting pupils to the centre, but two special routes to convey pupils to the Aberaman Occupation Centre by hired motor coaches were established on 10th April and an improvement was made in the transport arrangements of pupils attending the Barry Occupation Centre.

It is hoped to introduce the remaining programme in the next financial year.

At the end of the year, by arrangements with private hirers, thirteen special routes were in operation for the conveyance of pupils to and from the various centres.

WAITING LISTS—HOSPITALS FOR THE MENTALLY SUBNORMAL.

At the end of the year there was a waiting list of 268, classified as follows :—

(1) Patients urgently requiring admission	.. .. .	44
(2) Patients who would accept admission if a bed was available but whose admission is not considered urgent	.. .. .	38
(3) Patients who would not be prepared to accept admission at present but who it is anticipated will require admission in the future	.. .. .	186

This waiting list is far too long. Many of the patients in group (1) on the list present serious problems of management in the home. Admission of a patient to hospital for a short term when it can be arranged does provide a few weeks' welcome respite for parents or relatives, but is a very poor substitute for a permanent place in hospital.

STAFF TRAINING.

Diploma Course for Teachers of the Mentally Handicapped—Bristol.

Miss B. A. Jenkins, Supervisor of the Barry Occupation and Training Centre, was seconded to attend the above-mentioned Diploma Course, which commenced at Bristol University College on 13th September, 1961.

Course for Assistant Supervisors.

Seven of the Local Health Authorities in South Wales sent students to this course, which commenced in Cardiff on 6th October, 1960, and terminated on 29th June, 1961. Three of the four Glamorgan sponsored students who attended were successful in passing the examinations held at the end of the course and were awarded a pass certificate.

Representatives of the Special Health Services Committee and representatives of neighbouring authorities held a meeting on 21st July, when the report of the Course Organiser, Dr. C. W. Anderson, Deputy Medical Officer of Health of Cardiff, was received. The Committee expressed their appreciation of the valuable services rendered by Dr. Anderson in connection with the establishment of these courses.

HOSPITAL ADMISSION.

In 1961 thirty-five mentally handicapped persons were admitted informally to hospitals, compared with thirty-six in 1960. The Department remains the normal channel of admission to hospital and liaison between the Welsh Hospital Board and parents is still maintained with the allocation of vacancies, or assessing applications for admission.

One patient was admitted to hospital under section 60 of the Mental Health Act, 1959. Sixty-seven patients were admitted to hospital for short-term care.

	Number of patients admitted since 1952 to hospitals			
	Under Order	On an informal basis	As places of safety	For short-term stay
1952	41	—	15	2
1953	58	—	19	2
1954	46	—	16	12
1955	44	—	13	12
1956	56	—	15	21
1957	39	—	11	34
1958	15	40	7	28
1959	1	31	4	35
1960	1	36	2	49
1961	1	35	—	67*

* In addition, twenty-one patients were admitted to the Old Rectory, Porthkerry, where one bed is available for the use of the Local Authority's cases. The usual length of stay is fourteen days. The cost to the Authority is five guineas a week.

This table shows the marked reduction in the number of patients admitted under Order and by contrast the number of patients admitted informally for short-term care in the past three years.

HOSPITAL ADMISSIONS OF MENTALLY DISORDERED PERSONS.

Since 1st July, 1955, the catchment area of mental hospitals affecting Glamorgan were rearranged by the Hospital Board as follows :—

<i>Hospital.</i>	<i>Catchment area.</i>
Pen-y-val, Abergavenny ..	Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District.
Whitchurch, near Cardiff ..	Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanedeyrne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van).
Morgannwg, Bridgend ..	Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llchwyr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough.
Cefn Coed, Swansea ..	Swansea County Borough, Gower Rural District, Llchwyr Urban District, and Pontardawe Rural District.

During 1961 the health welfare officers arranged the admission to hospital of 863 patients, 398 of whom were admitted informally.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS.

Year	Mental Health Act, 1959						Mental Treatment Act, 1930				Lunacy Act, 1890				Informally	Total admissions arranged		
	Section 25		Section 26		Section 29		Section 1 Voluntary Patients		Section 5 Temporary Patients		Section 14-16 Patients certified as of unsound mind		Section 20 Patients admitted for observation					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.
1952	..	-	-	-	-	-	186	233	1	6	71	98	25	34	-	-	654	
1953	..	-	-	-	-	-	221	265	2	3	90	97	55	38	-	-	771	
1954	..	-	-	-	-	-	208	260	-	2	91	97	51	56	-	-	765	
1955	..	-	-	-	-	-	158	222	-	2	82	95	99	82	-	-	740	
1956	..	-	-	-	-	-	136	187	-	1	72	79	95	119	-	-	689	
1957	..	-	-	-	-	-	130	180	-	4	47	52	123	143	-	-	679	
1958	..	-	-	-	-	-	122	164	1	3	25	36	119	194	-	-	664	
1959	..	-	-	-	-	-	142	152	6	8	24	27	140	210	16	33	758	
1960	..	4	5	5	3	21	34	22	20	-	-	19	16	98	156	156	228	787
1961	..	12	14	5	11	188	235	-	-	-	-	-	-	-	163	235	863	

There were seventy-six more admissions last year compared with 1960.

The informal admissions indicate the understanding of patients themselves towards mental illness and the need to seek early treatment. The number of admissions arranged under section 29 of the Mental Health Act, 1959, are much greater than might be expected. This section provides for the admission of patients for observation in case of emergency. It should only be used in a case of urgent necessity as only one medical recommendation is needed to support the application, whereas the procedures for admission of patients for observation or treatment are founded on the written recommendations, in the prescribed form, of two medical practitioners.

COMMUNITY CARE.

Under the arrangements for after-care the health welfare officers dealt with 347 male and 478 female cases, compared with 586 cases in the previous year. Regular visits extending over many months are usually found to be necessary. In addition, 57 male and 91 female patients, who have not been admitted to hospital, are visited by the health welfare officers.

This is a gratifying increase made possible by an increase in the number of officers available for this work. Copies of reports on the patients visited are furnished to the medical superintendents of the hospitals by whom after-care was requested. Visits are discontinued only with the agreement of the consultant concerned, with whom the progress of particular patients is discussed at the monthly conferences held at the hospital or at psychiatric out-patient clinics.

Only in a few instances have patients themselves resented visits or expressed a desire for their discontinuance. Most patients and their relatives are appreciative of the advice and supportive influence of the mental health officers who, in the course of their work, maintain close co-operation, where necessary, with statutory and voluntary agencies on behalf of the patients on their lists.

The County Superintendent Health Visitor (Miss E. G. Wright) is present at the child psychiatric clinics held at the East Glamorgan Hospital and the Cardiff Royal Infirmary and is thus able to maintain a most effective co-operation between the clinic, the mental health section of my department, and the Health Visiting Service.

Since November, 1961, the health welfare officer for the area has been in attendance at the psychiatric out-patient clinic held at the Amy Evans Memorial Hospital, Barry.

PUBLIC HEALTH.

GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

The following is an account of the year's work at the County Public Health Laboratory, which is under the control of Mr. D. Evans Jones, M.Sc., F.R.I.C., the County Analyst, who also acts as Public Analyst for the undermentioned authorities :—

County.

Glamorgan County Council.

Outside Authority.

Merthyr Tydfil.

Municipal Boroughs.

Barry.

Neath.

Port Talbot.

Rhondda.

Urban District Councils.

Aberdare.

Pontypridd.

In addition, work is undertaken under the Fertilisers and Feeding Stuffs Act, 1926, for the Glamorgan County Council and Merthyr Tydfil County Borough.

Phosphatase tests on milk samples are undertaken on behalf of the Medical Research Council.

The following table gives an account of the chemical examinations undertaken at the County Laboratory during the year :—

Description of Samples.	County Council.	County Districts.	Other Bodies and Authorities.	Total.
Food and Drugs Acts samples ..	4,628	1,746	369	6,743
Fertilisers and feeding stuffs	138	—	35	173
Water	20	970	58	1,048
River water and effluents	—	26	10	36
Pasteurised milk	—	—	3,265	3,265
Sterilised milk	—	—	71	71
Ice-cream	—	340	10	350
Atmospheric pollution	—	442	82	524
Radioactivity	7	26	24	57
Miscellaneous	38	38	—	76
Totals	4,831	3,588	3,924	12,343

The chief groups of chemical examinations are classified in the following table, which gives a comparison with the records of the previous year :—

Nature of examination.	1960.	1961.	Increase.	Decrease.
Food and Drugs	6,686	6,743	57	—
Fertiliser and feeding stuffs	169	173	4	—
Water	990	1,048	58	—
River water and effluents	31	36	5	—
Pasteurised and Sterilised milk ..	3,234	3,336	102	—
Ice-cream	431	350	—	81
Atmospheric pollution	593	524	—	69
Radioactivity	23	57	34	—
Miscellaneous	37	76	39	—
Total	12,194	12,343	299	150

FOOD HYGIENE REGULATIONS.

These are administered by the Councils of the County Districts. Their officers are vigilant in the supervision of food shops and premises within their area.

With the widening popularity of the domestic refrigerator and the introduction of pre-packed frozen or frosted foods in retail shops, the hygienic storage of perishable foodstuffs presents few problems. New products attractively packed appear on the market in bewildering variety and name, and the purchaser is besieged by skilful advertisements which undoubtedly play an effective part in influencing the eating and drinking habits of modern households.

From production to consumer effective hygiene measures are essential through every chain of food handling if large-scale outbreaks of food poisoning are to be prevented, and early notification of all cases of food poisoning is very desirable to enable prompt investigation of the cause.

FOREIGN BODIES IN MILK BOTTLES.

During the year the County Council expressed its concern to the County Councils' Association about the number of cases where foreign bodies, including broken glass, had been found in milk bottles and suggested that all public health authorities should join in a national campaign to make it a requirement that milk should be supplied to the general public in suitable carton containers instead of bottles. The County Councils' Association were not disposed to support the suggestion of the Glamorgan County Council in view of the practical difficulties involved.

Foreign bodies in other foods are still a source of trouble to the Department as well as to the manufacturers, most of whom exercise all reasonable precautions to prevent cause for complaint.

During the year 1961, from all sources a total of 6,743 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955.

Of these samples, 44 (or 0.95 per cent) were reported upon as adulterated or otherwise unsatisfactory.

The 1960 figure for unsatisfactory samples was 141 (or 2.1 per cent).

Of the 2,115 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 29 (or 1.4 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Legal proceedings in respect of unsatisfactory or adulterated foodstuffs were undertaken in seven cases, fines totalling £67 plus £14 2s. 0d. costs, and £7 7s. 0d. advocate's fee being imposed on the vendors or suppliers.

Action is also taken on other unsatisfactory samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations, fifteen such samples being dealt with during the year.

The District Council in each case was asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps were taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

The following report on the year's work has been contributed by the Senior County Public Health Inspector, Mr. W. D. Lewis :—

"Food and Drugs."

A total of 4,628 samples of foods and drugs were procured during the year as compared with 4,629 in 1960. All the samples were submitted to the Public Analyst for analysis and only forty-four samples, equal to 0.95 per cent were reported as being incorrect.

Of the total number of samples procured 3,068 were samples of food and drugs other than milk and thirty-one of these were reported as being incorrect in varying degrees, only six of them warranted legal proceedings. Three of these were for labelling offences, two for small deficiencies and one for excess of water in butter. The remainder were mainly labelling offences of a purely technical nature and were dealt with by letter from the Clerk of the Council. Convictions were recorded in all prosecutions undertaken.

During the year there was an increase in the number of complaints regarding foreign bodies in food and in milk bottles. Milk bottles were the main cause of complaints, some having glass in the bottle and other bottles being dirty. Seven prosecutions were taken for glass in milk and dirty milk bottles, convictions being recorded in all cases with fines amounting to £200, with £25 5s. 0d. costs. Having regard to the fact that complaints are recurring despite the heavy penalties imposed, one wonders whether prosecution is having the desired effect.

Mechanisation and automation are speeding up the process of filling and capping at the larger pasteurising establishments, all of which makes the job of spotting dirty bottles more difficult. It is obvious that visual examination is far from satisfactory at the rate the bottles are being moved and it would appear that more research should be undertaken to provide electronic or other devices to examine and reject unsatisfactory bottles.

Other prosecutions for foreign bodies included three for foreign objects in bread, tobacco in meat pie, mould in pastry. There was also a prosecution for supplying unfit meat to a canteen. Fines amounting to £105 with £9 costs were imposed.

The standard for milk other than Channel Island is a presumptive standard of 3.00 per cent for milk fat and 8.50 per cent for solids other than fat. 1,560 samples of milk were collected during the year and submitted to the County Public Analyst for analysis. All but thirteen, or 0.83 per cent, were satisfactory. The thirteen unsatisfactory samples were of raw milk and these showed slight deficiencies in fat, which were due to seasonal changes and times of milking. No evidence of added water was found in any of the samples.

Channel Islands milk must conform to an absolute standard of 4.00 milk fat and 8.50 per cent solids other than fat and all samples were found to be satisfactory.

Milk (Special Designations) Order.

Only four pasteurising plants are now licensed by the County Council, one small processor having ceased as from 18th March, 1961. Due to the heavy losses on bottles and high cost of replacements the smaller processors are unable to compete with the larger dairies and they are slowly getting fewer—ten years ago there were nineteen licensed pasteurising plants in the area.

Two of the plants are the high temperature short-time type and two the Holder type. Regular visits are made and samples taken to check the efficiency of the plant and to ensure that the milk is properly pasteurised and it is very pleasing to report that only one out of a total of 530 samples taken from these establishment was unsatisfactory—failing to satisfy the phosphatase test. None of the samples failed the methylene-blue test.

T.T. Milk.

Producer-retailers of tuberculin tested milk are licensed by the Ministry of Agriculture, Fisheries and Food. These supplies are sampled and tested for the presence of tubercle bacilli and brucella abortus. All samples submitted during the year were free from tubercle and brucella abortus.

Merchandise Marks Act.

Proceedings were successfully taken under this Act against a butcher for delivering imported meat instead of home-killed to a canteen. A fine of £60 with £16 5s. 0d. costs was imposed.

Pharmacy and Poisons Act, 1933.

752 premises were listed for the sale of poisons under Part II of the Act. 1,155 visits were made to these premises.

Fertilisers and Feeding Stuffs Act, 1926.

One-hundred-and-thirty-eight samples of various fertilisers and feeding stuffs were submitted to the County Laboratory for analysis. Four samples of feeding stuffs were reported as being unsatisfactory. These results were forwarded to the Authority in whose area the feeding stuffs were manufactured, for their information and action."

CLEAN AIR ACT, 1956.

This Act is administered by the County District Councils, who have been given more extensive powers than hitherto to control atmospheric pollution caused by the emission of smoke from chimneys in their area.

Problems arising out of atmospheric pollution continue to be of concern to medical officers of health, industrialists, technologists, and research workers, as well as to those living in our industrial areas.

The urban district councils in the County with large works, foundries, or industrial plants within their boundaries are very conscious of these problems and of their powers under the Clean Air Act and in many areas there is frequent consultation between the local medical officer of health, works managements, and experts to ensure compliance with the requirements of the Act. The elimination of dust and fumes from boilers, furnaces, and coke or coal handling plants is an expert and costly procedure. In the construction of new works or factories it would be impossible to give too much consideration to the need of ensuring fuel efficiency and the installation of efficient apparatus which will reduce air pollution to the absolute minimum.

In Glamorgan, as elsewhere, the old-type domestic fire makes no small contribution to the pollution of the atmosphere. An atmosphere completely free of smoke or noxious fumes is, of course, impossible but implementation of the long-term provisions of the Clean Air Act will go a long way towards the promotion of a cleaner atmosphere.

The facilities of the County Laboratory are available for district councils who wish to have tests made to show the extent of air pollution in any part of their districts and during the year 442 tests were undertaken on behalf of County District Councils.

HOUSING.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1961. For purposes of comparison the totals for 1960 have been inserted to show the increase in house building.

District.	By Local Authority.				By private enterprise, Building Societies etc.		
	Number of Permanent and Temporary Houses.				Number of houses completed and occupied during the year 1961.	Number partly completed during the year 1961.	Number for which plans were passed but not commenced during the year 1961.
	Completed and occupied during the year 1961.	Partly completed during the year 1961.	Sanctioned but not commenced.	Total completed and occupied since 1918.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Aberdare	8	60	—	2,045	55	83	42
Barry Borough	5	—	52	3,064	69	67	36
Bridgend	—	41	4	1,586	19	12	124
Caerphilly	73	164	60	2,424	126	67	68
Cowbridge Borough	14	—	—	62	4	—	—
Gelligaer	166	203	—	1,636	30	2	3
Glyncorwg	—	57	38	854	—	—	—
Llwchwr	16	102	—	1,620	94	78	61
Maesteg	—	44	—	847	55	35	85
Mountain Ash	126	6	—	1,120	7	9	3
Neath Borough	102	24	—	2,577	85	72	3
Ogmore and Garw	—	—	64	1,099	—	3	2
Penarth	29	36	12	1,262	59	93	13
Pontypridd	231	130	24	1,909	41	34	15
Porthcawl	30	—	—	368	114	107	79
Port Talbot Borough	223	263	74	6,377	115	140	12
Rhondda Borough	135	165	546	2,118	9	4	4
Cardiff Rural	35	43	28	2,212	447	378	215
Cowbridge Rural	32	30	—	1,564	89	98	18
Gower	20	—	—	449	79	50	42
Llantrisant and Llantwit Fardre	82	32	28	2,644	64	62	16
Neath Rural	78	77	—	3,075	45	88	—
Penybont	113	230	94	3,776	395	163	161
Pontardawe	34	74	68	2,308	24	23	36
Totals 1961	1,552	1,781	1,092	46,996	2,025	1,668	1,038
Totals 1960	1,234	1,785	857	45,771	1,899	1,540	1,312

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned schemes have received the support of the Authority as being necessary public health measures and under these Acts financial assistance has been given to the local sanitary authorities as follows :—

*Cowbridge Rural District Council.

St. Athan and Gileston Sewerage .. Half-yearly payments of £420 for 30 years.

*Gower Rural District Council.

Three Crosses Half-yearly payments of £245 for 30 years.

Dunvant Sewerage Stage II, Part 2 .. Half-yearly payments of £80 for 30 years.

* Grants until a final decision is made.

STATISTICAL REVIEW, 1961.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1961, and for the purpose of comparison quotes similar statistics for the years 1960 and 1941 :—

				Crude Birth Rate (per 1,000 population)			Crude Death Rate (per 1,000 population)			Infant Mortality Rate (per 1,000 live births)		
				1961	1960	1941	1961	1960	1941	1961	1960	1941
England and Wales				17.4	17.1	14.2	12.0	11.5	12.9	21.6	21.9	59
Administrative County of Glamorgan ..				17.03	16.65	16.7	12.41	12.19	13.2	22.89	29.49	67
Total Urban Districts				16.90	16.38	16.9	12.60	12.26	13.7	22.99	30.68	69
Total Rural Districts				17.33	17.33	16.0	11.96	12.03	11.7	22.67	26.64	62
Health Division.	Constituent Districts.											
Aberdare and Mountain Ash	Aberdare Urban ..			15.32	15.06	15.2	14.60	14.45	15.0	20.10	40.40	61
	Mountain Ash Urban ..			16.07	16.09	17.0	11.57	12.81	13.2	14.74	34.76	65
Caerphilly and Gelligaer	Caerphilly Urban ..			19.73	18.97	21.0	11.52	9.58	14.9	32.44	33.29	83
	Gelligaer Urban ..			18.23	16.71	19.7	11.39	11.35	11.8	31.55	42.98	79
Mid-Glamorgan	Bridgend Urban ..			17.46	18.98	18.0	12.22	10.77	12.1	26.92	14.18	56
	Maesteg Urban ..			17.48	14.17	18.2	12.82	10.80	13.3	13.19	21.94	79
	Ogmore & Garw Urban ..			18.49	15.05	18.4	11.87	13.46	11.7	12.89	30.30	77
	Porthcawl Urban ..			15.98	13.99	13.2	13.87	15.02	13.5	34.48	6.71	44
	Penybont Rural ..			19.98	19.78	17.3	13.15	13.35	10.5	26.57	24.90	78
Neath and District	Neath Borough ..			14.97	16.10	14.0	12.84	12.49	14.0	15.32	14.00	82
	Neath Rural ..			15.49	14.08	16.4	12.01	10.86	12.7	25.32	18.80	71
Pontypridd and Llantrisant	Llantrisant & Llantwit											
	Fardre Rural ..			19.44	19.63	18.8	10.47	10.92	11.8	24.90	31.01	69
	Pontypridd Urban ..			15.76	15.06	17.9	14.12	13.83	14.3	26.83	39.22	74
Port Talbot and Glyncoirwg	Glyncoirwg Urban ..			21.15	19.22	21.7	13.19	8.67	10.4	38.10	20.73	58
	Port Talbot Borough ..			18.21	21.17	16.5	10.18	11.51	11.3	20.86	36.75	53
South-East Glamorgan	Barry Borough ..			18.21	18.91	18.2	10.61	10.51	13.0	17.06	18.66	43
	Cardiff Rural ..			17.31	18.71	13.3	11.88	11.98	10.3	15.33	29.48	32
	Cowbridge Borough ..			8.18	16.16	6.8	14.55	15.15	15.1	—	—	222
	Cowbridge Rural ..			17.96	20.22	17.6	7.38	8.28	12.6	19.44	28.87	67
	Penarth Urban ..			16.71	15.64	14.6	12.35	14.21	15.3	20.53	26.23	48
West Glamorgan	Gower Rural ..			17.89	16.36	15.6	15.81	16.12	14.0	26.79	10.10	39
	Llwchwr Urban ..			14.83	12.55	14.3	12.74	13.41	12.8	18.97	43.48	36
	Pontardawe Rural ..			13.79	13.42	14.7	13.18	13.61	11.9	23.58	35.55	57
Rhondda ..	Rhondda Borough ..			15.86	14.65	15.8	14.29	12.64	15.1	26.32	31.09	80

"CRUDE" AND "ADJUSTED" RATES.

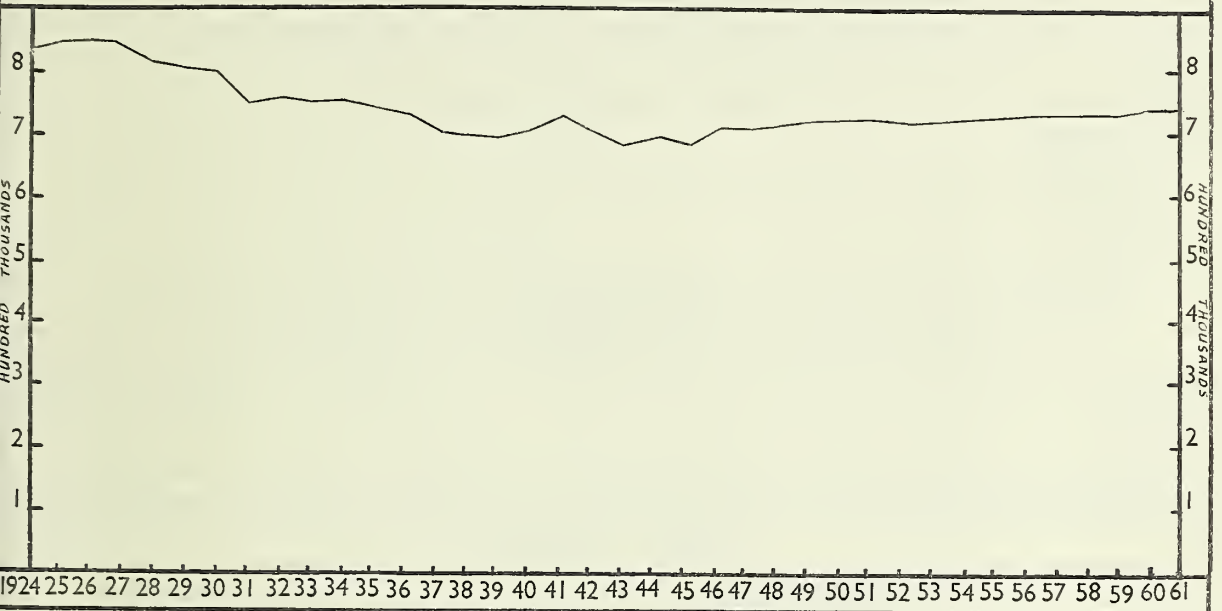
The tables of vital statistics on pp. 97 and 98 show "adjusted" as well as "crude" birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

POPULATION.

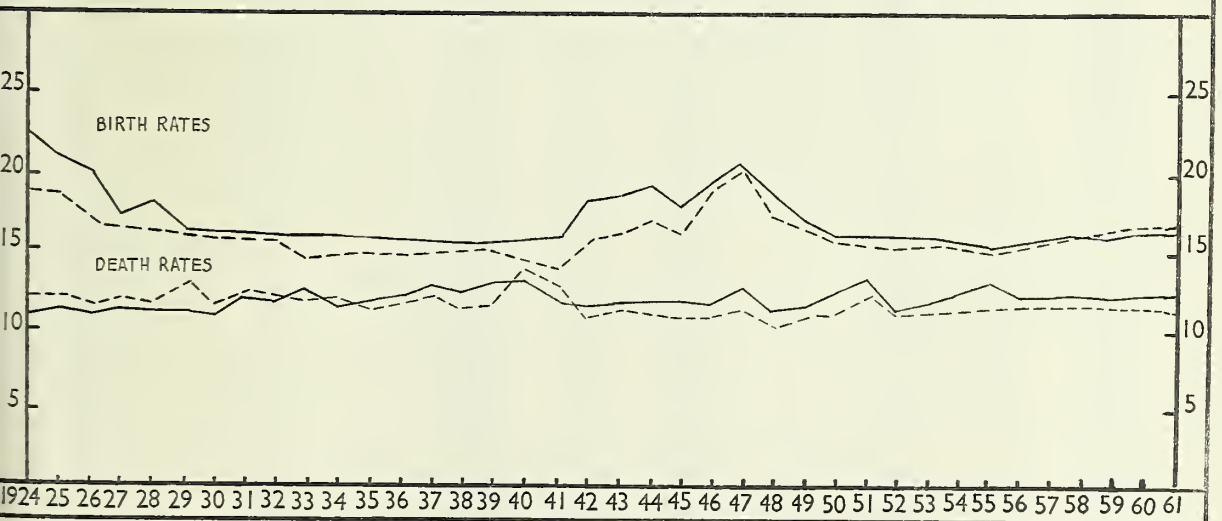
The estimates of the Registrar-General give the population of the Administration County as 743,870 a decrease of 3,620 on the 1960 estimate of 747,490.

Year	Population	Excess of Births over Deaths	Year	Population	Excess of Births over Deaths
1893	521,872	10,012	1941	740,310	2,595
1903	631,398	13,137	1942	714,400	4,422
1913	791,208	14,363	1943	697,300	4,125
1923	827,900	10,656	1944	704,540	5,043
1924	839,500	10,294	1945	697,780	3,621
1925	843,400	8,898	1946	710,160	5,208
1926	843,100	8,213	1947	712,070	5,491
1927	837,000	5,366	1948	725,200	5,316
1928	812,200	5,748	1949	730,400	3,619
1929	809,200	4,582	1950	737,890	2,483
1930	809,200	Mid-year, 1929, 4,921	1951	732,100 (Census)	1,855
1931	766,141 (Census)	3,670	1952	732,500	2,366
1932	763,000	3,482	1953	736,300	3,224
1933	758,160	2,504	1954	737,800	2,483
1934	751,650	3,579	1955	737,400	1,484
1935	743,800	3,015	1956	738,000	2,576
1936	731,350	2,358	1957	740,600	2,996
1937	714,200	1,714	1958	743,100	3,414
1938	708,500	1,982	1959	746,300	3,207
1939	709,500	1,746	1960	747,490	3,335
1940	716,400	2,077	1961	743,870 (Census)	3,438

POPULATION



BIRTH AND DEATH RATES



Glamorgan rates per 1,000 population

England and Wales rates per 1,000 population

The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Administrative County	19.4	20.8	18.9	17.1	16.2	16.3	16.2	16.2	15.6	15.1	15.8	16.3	16.5	16.2	16.7	17.0
England and Wales	19.1	20.5	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1	16.4	16.5	17.1	17.4
Illegitimate birth-rate per 1,000 births—																
Administrative County ..	43	34	34	31	35	32	30	31	28	28	28	28	26	29	31	32
England and Wales ..	65	52	53	50	49	47	46	46	46	46	46	46	49	51	54	59

DEATH RATE.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Administrative County	12.1	13.1	11.6	12.2	12.8	13.8	11.6	11.8	12.3	13.1	12.3	12.3	11.9	12.0	12.2	12.4
England and Wales	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5	12.0

INFANT MORTALITY.

Year.	Deaths under one year per 1,000 Births.		Year.	Deaths under one year per 1,000 Births.	
	Glamorgan	England and Wales.		Glamorgan.	England and Wales.
1914.	112	105	1939.	60	50
1918.	95	97	1940.	65	55
1920.	90	80	1941.	67	59
1921.	93	83	1942.	55	49
1922.	90	77	1943.	56	49
1923.	75	69	1944.	48	46
1924.	77	75	1945.	58	46
1925.	83	75	1946.	45	43
1926.	76	70	1947.	51	41
1927.	86	69	1948.	41	34
1928.	75	65	1949.	40	32
1929.	80	74	1950.	39	30
1930.	69	60	1951.	37	30
1931.	77	66	1952.	34	28
1932.	72	65	1953.	31	27
1933.	79	64	1954.	32	26
1934.	65	59	1955.	34	25
1935.	64	57	1956.	30	24
1936.	63	59	1957.	31	23
1937.	65	58	1958.	29	23
1938.	60	53	1959.	28	22
			1960.	29	22
			1961.	23	22

The birth rate shows a slight increase (17·03) compared with the rate (16·65) for 1960. It is a little less than the figure for England and Wales (17·4).

The illegitimate birth rate of 31·7 illegitimate children per 1,000 live births shows little variation with the rate for previous years and remains little more than half the rate, 59 for England and Wales.

The death rate, 12·41 shows a slight increase over the 1960 figure of 12·19 and remains as usual slightly higher than the rate for England and Wales.

Infant mortality, expressed as the number of deaths under one year per 1,000 births, shows a decrease from 29·49 in 1960, to 22·89 in 1961.

As in previous years, it is higher than the infant mortality rate for England and Wales (21·6).

The average infant mortality rate for the Glamorgan urban districts was 22·99 and for the rural districts it was 22·67.

The highest rates were recorded in Glyncoirwg, Porthcawl, Caerphilly, Gelligaer, Bridgend, and Pontypridd Urban Districts; Rhondda Municipal Borough, and Gower, Penybont, Neath, Llantrisant and Llantwit Fardre, and Pontardawe Rural Districts.

As will be seen from the following table, the number of neo-natal deaths, i.e. the number of deaths occurring within the first four weeks of life, continues to be higher in Glamorgan than in England and Wales.

NEO-NATAL DEATH RATES.

	Rate per 1,000 live births.	
	Glamorgan.	England and Wales.
1950	23·9	18·5
1951	22·9	18·8
1952	20·9	18·9
1953	19·3	17·7
1954	21·5	17·7
1955	22·7	17·3
1956	20·3	16·9
1957	21·8	16·5
1958	20·5	16·2
1959	21·0	15·8
1960	21·5	15·6
1961	16·74	15·5

MATERNAL MORTALITY.

		Glamorgan.		England and Wales.
		Deaths.	Death rate per 1,000 total births.	Death rate per 1,000 total births.
1939	..	58	4.96	2.93
1940	..	51	4.15	2.16
1941	..	50	3.87	2.23
1942	..	46	3.39	2.01
1943	..	62	4.67	2.29
1944	..	51	3.59	1.93
1945	..	42	3.21	1.79
1946	..	33	2.31	1.43
1947	..	28	1.84	1.17
1948	..	30	2.27	1.02
1949	..	18	1.40	0.98
1950	..	22	1.80	0.86
1951	..	16	1.30	0.79
1952	..	9	0.74	0.72
1953	..	15	1.23	0.76
1954	..	7	0.59	0.69
1955	..	11	0.96	0.64
1956	..	8	0.67	0.56
1957	..	9	0.73	0.47
1958	..	10	0.79	0.44
1959	..	4	0.32	0.38
1960	..	12	0.94	0.39
1961	..	5	0.39	0.34

The number of maternal deaths was five, a decrease of seven, compared with last year's figure.

Of the five deaths recorded as being due to child-bearing, two were due to toxæmia, two to embolism, and one from shock due to abortion.

INFECTIOUS DISEASES.

There were seven notifications and one death from diphtheria. Three-hundred-and-eighty-seven cases of whooping cough were notified. There was one death. No case of smallpox was notified.

There were 207 cases of dysentery in 1961, compared with 429 in 1960. No deaths were recorded. Of these cases, fifty-eight occurred in the Cardiff Rural District.

The following table shows the numbers of poliomyelitis cases in recent years in Glamorgan :—

	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.
Paralytic ..	79	8	29	36	6	39	12	43	2	3	5	15
Non-paralytic	26	16	10	24	2	30	14	12	1	—	—	1
Total..	105	24	39	60	8	69	26	55	3	3	5	16

There was an unfortunate increase in the number of cases notified in 1961. Of the sixteen cases notified, fifteen were of the paralytic type and there was one death.

As I mentioned in my report last year, it is still premature to make extravagant claims about the value of the vaccines used.

There are no clear general indications that poliomyelitis will soon become a disease of the past and there is still work to be done in increasing the number of vaccinations in the age groups most susceptible to this disease.

CANCER.

The following tables show the number of deaths in the Administrative County :—

TABLE I.

Year.	Deaths in Glamorgan.			Crude death rate per 100,000 population.	
	Male.	Female.	Total.	Glamorgan.	England and Wales.
1900	—	—	278	44	83
1910	—	—	435	61	97
1920	279	310	589	71	110
1930	396	444	840	104	145
1940	517	476	993	139	172
1950	744	574	1,318	179	210
1951	787	636	1,423	194	196
1952	725	605	1,330	182	199
1953	753	620	1,373	186	199
1954	759	659	1,418	192	204
1955	785	672	1,457	198	206
1956	741	637	1,378	187	208
1957	768	651	1,419	192	209
1958	774	651	1,425	192	207
1959	783	619	1,402	188	214
1960	835	691	1,526	204	216
1961	815	647	1,462	197	216

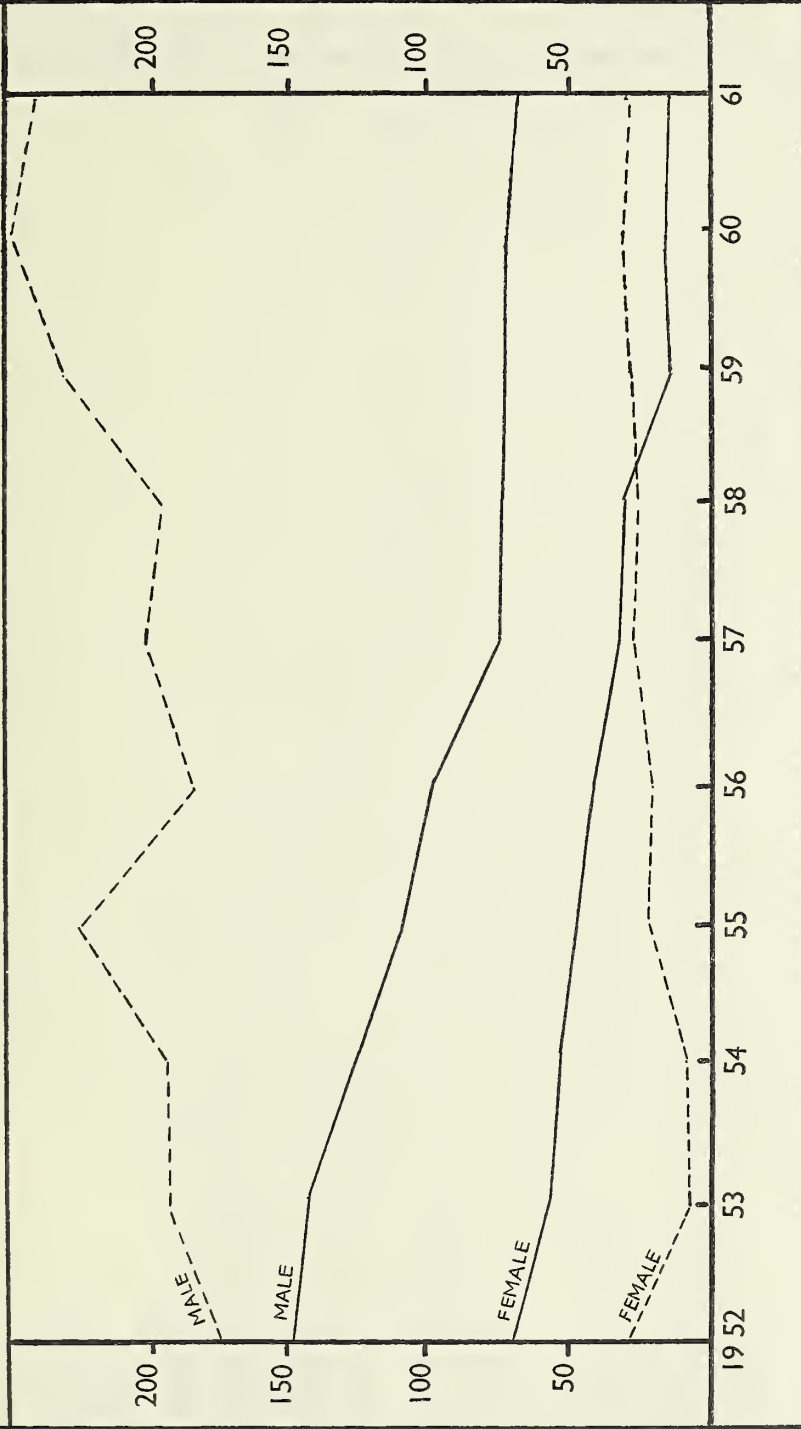
TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

Site.	Year.												
	1949.	1950.	1951.	1952.	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.
Stomach ..	305	291	335	300	277	294	324	299	258	316	257	311	275
Breast	91	100	109	111	117	111	105	138	114	118	102	138	91
Uterus	79	67	75	52	66	77	72	57	74	66	61	69	57
Lung	779	141	168	200	205	207	241	201	220	216	257	279	270
Other		719	736	667	708	729	715	683	753	709	725	729	769
Total cancer deaths	1,254	1,318	1,423	1,330	1,373	1,418	1,457	1,378	1,419	1,425	1,402	1,526	1,462

Lung cancer accounted for 270 deaths in 1961. There was a decrease in the total number of deaths from all forms of cancer (from 1,526 to 1,462). This decrease was mainly in respect of cancer of the stomach, breast, and uterus.

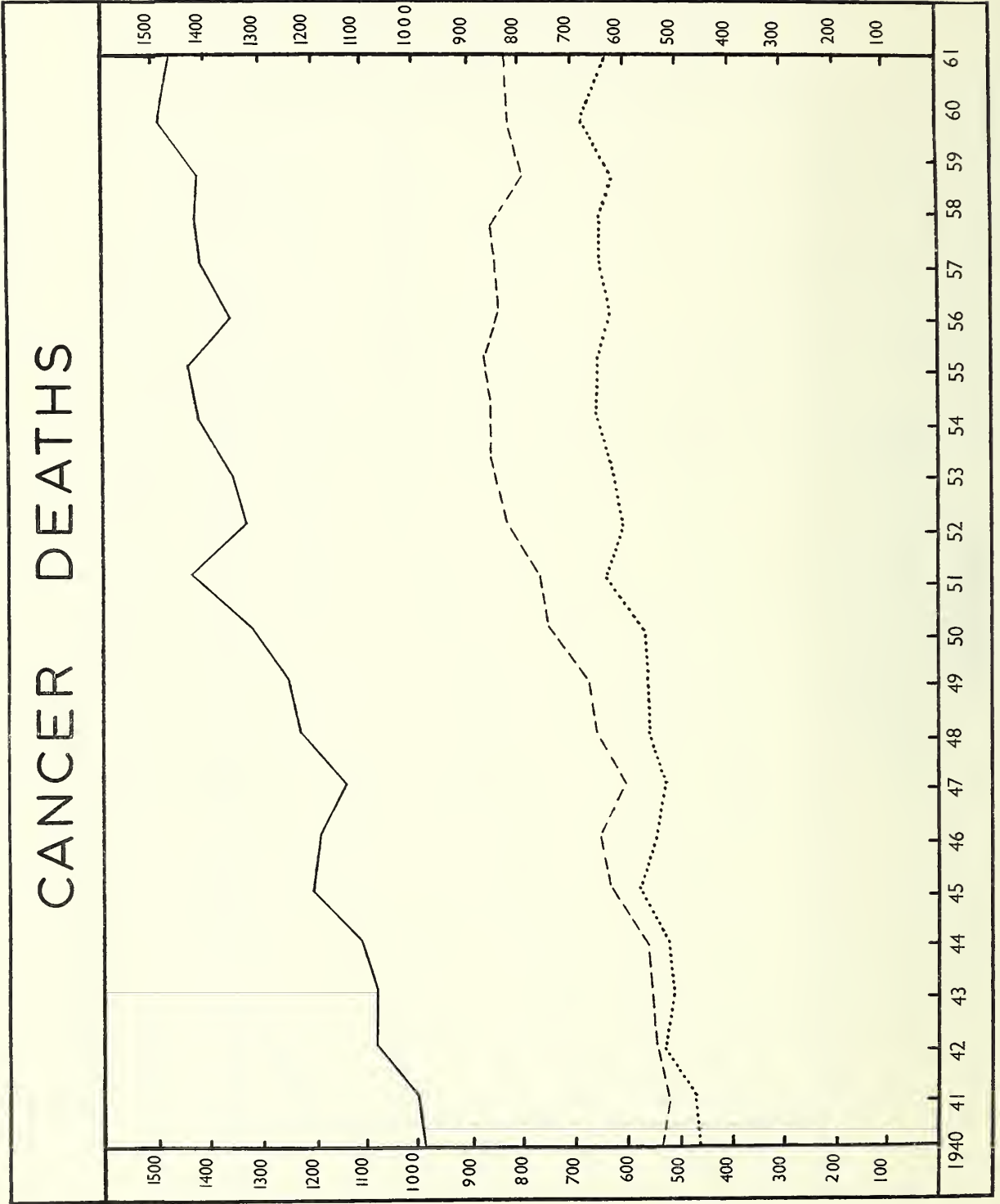
DEATHS

FROM
RESPIRATORY TUBERCULOSIS
& CANCER OF THE LUNG



Respiratory Tuberculosis _____

Cancer - - - - -



CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1961.

Causes of Death.	0-1 year.		1-5 years.		5-15 years.		15-25 years.		25-45 years.		45-65 years.		65-75 years.		75 and upward.		All ages.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tuberculosis—Respiratory ..	—	—	—	—	—	—	1	—	8	6	30	5	21	4	11	2	71	17
Tuberculosis—Other ..	1	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	3	2
Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal Infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Malignant Neoplasm—Stomach ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	11
Malignant Neoplasm—Lung Bronchus ..	—	—	—	—	—	—	—	—	2	1	71	29	53	32	39	48	165	110
Malignant Neoplasm—Breast ..	—	—	—	—	—	—	—	—	11	4	115	15	87	4	30	4	243	27
Malignant Neoplasm—Uterus ..	—	—	—	—	—	—	—	—	—	6	—	51	18	—	—	16	—	91
Malignant Neoplasm—Lymphatic Neoplasms ..	—	—	—	—	—	—	—	—	—	6	—	30	13	—	—	8	—	57
Leukaemia—Aleukaemia ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes ..	—	—	—	—	—	—	—	—	17	16	142	123	132	109	93	83	394	342
Vascular Lesions of Nervous System ..	—	—	—	—	—	—	—	—	—	3	3	12	3	1	3	2	13	20
Coronary Disease—Angina ..	—	—	—	—	—	—	—	—	—	1	3	15	7	19	4	21	14	56
Hypertension with Heart Disease ..	—	—	—	—	—	—	—	—	4	17	106	92	186	232	257	398	555	740
Other Heart Disease ..	—	—	—	—	—	—	—	—	35	5	398	122	366	187	261	260	1,061	574
Other Circulatory Disease ..	—	—	—	—	—	—	—	—	1	1	27	19	33	41	27	40	89	101
Influenza ..	—	—	—	—	—	—	—	—	18	25	70	88	107	121	236	376	434	613
Pneumonia ..	—	—	—	—	—	—	—	—	3	2	50	28	55	64	121	169	230	264
Bronchitis ..	17	4	4	3	—	—	—	—	5	8	14	8	26	7	23	37	69	55
Other Diseases of Respiratory System ..	7	—	—	—	—	—	—	—	4	3	37	27	65	33	80	90	210	178
Ulcer of Stomach and Duodenum ..	—	—	—	—	—	—	—	—	—	3	146	26	234	28	165	61	557	125
Gastritis, Enteritis, and Diarrhoea ..	—	—	—	—	—	—	—	—	3	4	68	6	84	7	51	20	207	39
Nephritis and Nephrosis ..	2	5	—	—	—	—	—	—	2	2	14	3	7	1	12	4	35	10
Hyperplasia of Prostate ..	—	—	—	—	—	—	—	—	8	5	11	13	4	12	9	9	17	30
Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43	—	67	—
Congenital Malformations ..	34	39	4	2	—	—	—	—	—	3	3	—	—	—	—	—	—	5
Other defined and ill-defined diseases ..	96	59	3	4	2	2	5	5	22	4	49	64	56	1	111	1	46	53
Motor vehicle accidents ..	—	—	2	3	7	2	20	19	4	22	10	8	7	2	4	2	344	433
All other accidents ..	6	2	5	—	3	1	10	3	20	3	32	7	15	11	27	52	65	22
Suicide ..	—	—	—	—	—	—	1	1	6	7	21	16	5	3	4	3	122	78
Homicide and operations of war ..	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	37	30
All causes ..	163	127	24	21	28	21	55	23	198	164	1,435	820	1,581	1,038	1,619	1,913	5,103	4,127

1961.

NOTIFICATION OF INFECTIOUS DISEASES.

				SCARLET FEVER		WHOOPING COUGH		DIPHTHERIA (Includes Mem. Croup)		MEASLES		ACUTE PNEUMONIA		Meningococcal Infection	ACUTE POLIO-MYELITIS		ACUTE ENCEPHALITIS		Dysentery	Ophthalmia Neonatorum	PUERPERAL PYREXIA		SMALLPOX		PARATYPHOID		ENTERIC FEVER		Food Poisoning	TUBERCULOSIS				ERYSIPELAS		Anthrax		
				Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate		Paralytic	Non-paralytic	Infective	Post Infectious			Cases	Rate per 1,000 Live Births	Cases	Rate	Cases	Rate	Cases	Rate		Cases	Rate	Pulmonary		Non-Pulmonary			Cases	Rate
																																Cases	Rate	Cases	Rate			
																																					Cases	Rate
ADMINISTRATIVE COUNTY				304	0.41	387	0.52	7	0.009	13,052	17.55	286	0.38	10	15	1	1	2	207	5	64	5.05	—	—	2	0.003	—	—	124	356	0.48	49	0.07	20	0.03	1		
URBAN DISTRICTS				244	0.47	277	0.53	6	0.01	9,729	18.62	223	0.43	8	13	1	—	2	146	1	54	6.12	—	—	2	0.004	—	—	59	255	0.49	28	0.05	16	0.03	1		
RURAL DISTRICTS				60	0.27	110	0.50	1	0.005	3,323	15.01	63	0.28	2	2	—	1	—	61	4	10	2.61	—	—	—	—	—	65	101	0.46	21	0.09	4	0.02	—			
Health Division. Constituent Districts.																																						
Aberdare and Mountain Ash	Aberdare Urban	29	0.74	17	0.44	—	—	514	13.19	28	0.72	—	—	—	—	—	—	33	—	8	13.40	—	—	—	—	—	—	28	28	0.72	5	0.13	1	0.03	1			
	Mountain Ash Urban	39	1.32	30	1.02	—	—	1,144	38.71	3	0.10	—	1	—	—	—	—	18	—	8	16.84	—	—	—	—	—	—	1	19	0.64	2	0.07	—	—	—			
Caerphilly and Gelligaer	Caerphilly Urban	3	0.08	4	0.11	—	—	622	17.31	5	0.14	3	—	—	—	—	—	—	—	12	16.93	—	—	—	—	—	3	13	0.36	—	—	—	—	—	—			
	Gelligaer Urban	4	0.12	59	1.70	—	—	744	21.40	10	0.29	—	—	—	—	—	—	—	—	1	1.58	—	—	—	—	—	5	18	0.52	1	0.03	1	0.03	—	—			
Mid-Glamorgan	Bridgend Urban	—	—	17	1.14	—	—	213	14.34	1	0.07	1	—	—	—	—	—	11	—	3	11.54	—	—	—	—	—	—	—	5	0.34	—	—	—	—	—			
	Maesteg Urban	5	0.23	16	0.74	—	—	557	25.69	5	0.23	—	1	—	—	—	—	4	—	1	2.64	—	—	—	—	—	—	—	13	0.60	1	0.05	1	0.05	—			
	Ogmore and Garw Urban	51	2.43	48	2.29	—	—	778	37.08	22	1.05	—	—	1	—	1	—	8	—	—	—	—	—	—	—	2	15	0.71	4	0.19	—	—	—	—				
	Porthcawl Urban	—	—	3	0.28	—	—	103	9.46	—	—	1	—	—	—	—	—	—	—	1	5.75	—	—	—	—	—	1	5	0.46	—	—	—	—	—				
	Penybont Rural	15	0.36	36	0.87	—	—	377	9.10	6	0.14	—	—	—	—	—	—	2	—	2	2.42	—	—	—	—	—	2	21	0.51	5	0.12	—	—	—				
Neath and District	Neath Borough	6	0.20	10	0.33	6	0.20	255	8.36	4	0.13	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	0.46	4	0.13	—	—	—				
	Neath Rural	4	0.10	28	0.69	1	0.02	529	12.97	9	0.22	—	—	—	1	—	—	—	1	1.58	—	—	—	—	—	—	—	24	0.59	2	0.05	1	0.02	—				
Pontypridd and Llantrisant	Llantrisant and Llantwit Fardre Rural	8	0.30	11	0.41	—	—	690	25.70	7	0.26	—	—	—	—	—	—	1	2	2	3.83	—	—	—	—	—	1	14	0.52	3	0.11	—	—	—				
	Pontypridd Urban	22	0.62	13	0.37	—	—	621	17.50	5	0.14	—	1	—	—	—	—	1	1	3	5.37	—	—	—	—	—	—	24	0.68	2	0.06	—	—	—				
Port Talbot and Glyncoerwg	Glyncoerwg Urban	—	—	1	0.10	—	—	22	2.22	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	7	0.70	—	—	1	0.10	—				
	Port Talbot Borough	5	0.10	12	0.24	—	—	1,210	24.19	2	0.04	1	6	—	—	—	—	9	—	—	—	—	—	—	—	—	1	19	0.38	3	0.06	1	0.02	—				
South-East Glamorgan	Barry Borough	2	0.05	25	0.60	—	—	757	18.09	7	0.17	—	1	—	—	—	—	4	—	4	5.25	—	—	—	—	—	2	26	0.62	2	0.05	4	0.10	—				
	Cardiff Rural	8	0.16	15	0.31	—	—	889	18.14	29	0.59	1	1	—	—	—	—	58	1	—	—	—	—	—	—	—	—	14	0.29	5	0.10	2	0.04	—				
	Cowbridge Borough	1	0.91	—	—	—	—	2	1.82	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
	Cowbridge Rural	10	0.50	2	0.10	—	—	322	16.06	8	0.40	—	—	—	—	—	—	—	—	1	2.78	—	—	—	—	—	59	7	0.35	3	0.15	1	0.05	—				
	Penarth Urban	2	0.10	4	0.20	—	—	284	13.91	1	0.05	—	3	—	—	—	—	16	—	—	—	—	—	2	0.10	—	8	3	0.15	—	—	1	0.05	—				
West Glamorgan	Gower Rural	5	0.40	9	0.72	—	—	264	21.09	—	—	—	1	—	—	—	—	—	—	4	17.86	—	—	—	—	—	—	5	0.40	—	—	—	—	—				
	Llwchwr Urban	7	0.28	8	0.32	—	—	163	6.55	—	—	—	—	—	—	1	—	6	—	9	24.39	—	—	—	—	—	1	6	0.24	—	—	—	—	—				
	Pontardawe Rural	10	0.33	9	0.29	—	—	252	8.20	4	0.13	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	0.52	3	0.10	—	—	—				
Rhondda	Rhondda Borough	68	0.68	10	0.10	—	—	1,740	17.30	130	1.29	—	—	—	—	—	—	31	—	4	2.51	—	—	—	—	—	10	40	0.40	4	0.04	5	0.05	—				

Rates shown are per 1,000 population except where otherwise indicated.

VITAL STATISTICS, ETC., 1961.

(TABLE I)

		POPULATION		LIVE BIRTHS			LIVE BIRTH RATE		Percentage of Illegitimate Births	Stillbirths	STILL BIRTH RATE per 1,000 LIVE AND STILL BIRTHS		INFANT MORTALITY				NEO-NATAL MORTALITY		EARLY NEO-NATAL MORTALITY		PERI-NATAL MORTALITY		Maternal Deaths	Maternal Death rate
		Census, 1961	Estimated, 1961	Males	Females	Total	Crude	Adjusted			Stillbirth Rate	Total Live and Stillbirths	Deaths Under One Year	Rate per 1,000 Live Births	Legitimate Rate	Illegitimate Rate	Deaths Under Four Weeks	Rate per 1,000 Live Births	Deaths Under One Week	Rate per 1,000 Live Births	Stillbirths and Deaths Under One Week	Rate per 1,000 Live and Stillbirths		
ENGLAND AND WALES		—	—	—	—	804,120	17.4	—	—	—	19.1	—	17,211	21.4	—	—	—	15.50	—	—	—	32.2	—	—
ADMINISTRATIVE COUNTY .. .		745,810	743,870	6,535	6,133	12,668	17.03	16.69	3.17	293	22.61	12,961	290	22.89	22.25	42.39	212	16.74	169	13.34	462	35.65	5	—
URBAN DISTRICTS .. .		523,822	522,460	4,561	4,269	8,830	16.90	16.56	2.99	206	22.80	9,036	203	22.99	22.30	45.45	150	16.99	115	13.02	321	35.52	3	—
RURAL DISTRICTS .. .		221,988	221,410	1,974	1,864	3,838	17.33	17.16	3.57	87	22.17	3,925	87	22.67	22.16	36.50	62	16.15	54	14.07	141	35.92	2	—
Health Division	Constituent Districts																							
Aberdare and Mountain Ash	Aberdare Urban ..	39,044	38,970	300	297	597	15.32	15.78	3.02	12	19.70	609	12	20.10	17.27	141.11	9	15.08	9	15.08	21	34.48	1	—
	Mountain Ash Urban ..	29,590	29,550	244	231	475	16.07	15.91	2.53	12	24.64	487	7	14.74	15.12	—	4	8.42	4	8.42	16	32.85	—	—
Caerphilly and Gelligaer	Caerphilly Urban ..	36,008	35,930	363	346	709	19.73	18.74	2.68	18	24.76	727	23	32.44	31.88	52.63	15	21.16	12	16.93	30	41.27	—	—
	Gelligaer Urban ..	34,572	34,770	327	307	634	18.23	18.78	3.63	15	23.11	649	20	31.55	31.10	43.48	17	26.81	12	18.93	27	41.60	—	—
Mid-Glamorgan	Bridgend Urban ..	15,156	14,890	125	135	260	17.46	16.59	3.08	5	18.87	265	7	26.92	27.78	—	5	19.23	4	15.38	9	33.96	—	—
	Maesteg Urban ..	21,652	21,680	199	180	379	17.48	17.48	2.37	8	20.67	387	5	13.19	10.81	111.11	5	13.19	5	13.19	13	33.59	—	—
	Ogmore and Garw Urban ..	20,955	20,980	206	182	388	18.49	18.49	1.80	10	25.13	398	5	12.89	10.50	142.86	5	12.89	4	10.31	14	35.18	—	—
	Porthcawl Urban ..	11,082	10,890	95	79	174	15.98	15.82	6.90	2	11.36	176	6	34.48	30.86	83.33	5	28.74	3	17.24	5	28.41	—	—
	Penarth Rural ..	41,992	41,450	424	404	828	19.98	19.98	4.47	20	23.58	848	22	26.57	25.28	54.05	16	19.32	15	18.12	35	41.27	—	—
Neath and District	Neath Borough ..	30,884	30,520	218	239	457	14.97	13.92	2.63	12	25.59	469	7	15.32	15.73	—	3	6.56	2	4.38	14	29.85	—	—
	Neath Rural ..	40,783	40,800	334	298	632	15.49	15.18	3.01	11	17.11	643	16	25.32	24.47	52.63	13	20.57	12	18.99	23	35.77	—	—
Pontypriidd and Llantrisant	Llantrisant and Llantwit Fardre Rural ..	27,125	26,850	270	252	522	19.44	18.66	1.92	9	16.95	531	13	24.90	23.44	100.00	12	22.99	9	17.24	18	33.90	—	—
	Pontypriidd Urban ..	35,536	35,480	300	259	559	15.76	15.13	2.33	11	19.30	570	15	26.83	27.47	—	11	19.68	8	14.31	19	33.33	—	—
Port Talbot and Glynorrwg	Glynorrwg Urban ..	9,902	9,930	111	99	210	21.15	20.73	3.33	7	32.26	217	8	38.10	34.48	142.86	3	14.29	3	14.29	10	46.08	1	—
	Port Talbot Borough ..	50,223	50,020	481	430	911	18.21	17.30	2.63	20	21.48	931	19	20.86	21.42	—	12	13.17	8	8.78	28	30.08	—	—
South-East Glamorgan	Barry Borough ..	42,039	41,850	398	364	762	18.21	17.48	3.67	15	19.31	777	13	17.06	16.35	35.71	10	13.12	8	10.50	23	29.60	—	—
	Cardiff Rural ..	50,014	49,000	437	411	848	17.31	16.62	2.95	18	20.79	866	13	15.33	15.80	—	8	9.43	7	8.25	25	28.87	—	—
	Cowbridge Borough ..	1,065	1,100	6	3	9	8.18	8.51	11.11	—	—	9	—	—	—	—	—	—	—	—	—	—	—	—
	Cowbridge Rural ..	18,741	20,050	178	182	360	17.96	19.94	6.11	6	16.39	366	7	19.44	17.75	46.45	4	11.11	4	11.11	10	27.32	1	—
	Penarth Urban ..	20,897	20,410	163	178	341	16.71	16.04	4.40	9	25.71	350	7	20.53	21.47	—	6	17.60	5	14.66	14	40.00	—	—
West Glamorgan	Gower Rural ..	12,725	12,520	108	116	224	17.89	18.78	4.02	5	21.83	229	6	26.79	27.91	—	4	17.86	3	13.39	8	34.93	1	—
	Llwydwr Urban ..	24,903	24,890	194	175	369	14.83	15.13	2.17	9	23.81	378	7	18.97	16.62	125.00	5	13.55	4	10.84	13	34.39	—	—
	Pontardawe Rural ..	30,608	30,740	223	201	424	13.79	13.93	3.54	18	40.72	442	10	23.58	24.45	—	5	11.79	4	9.43	22	49.77	—	—
Wales	Flamida Borough ..	100,314	100,600	831	765	1,596	15.86	15.54	3.01	41	25.05	1,637	42	26.32	25.84	41.67	35	21.93	24	15.04	65	39.71	1	—

[illegible]

